

**Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary
Changes
Draft Text**

California Environmental Protection Agency Reference Number: U-2007-01

Amend sections 15290 and 15400.1. of the California Code of Regulations, title 27, division 1, subdivision 4, chapter 1, part II, articles 6 and 9 to read as follows:

§ 15290. What reports must the CUPA submit to the State?

- (a) continued
- (b) continued

(c) On a ~~quarterly~~semi-annual basis, each CUPA shall send information pertaining to local underground storage tank program implementation to the State Water Resources Control Board using Semi-Annual Underground Storage Tank (UST) Program Report, Report 6. This report shall satisfy the requirements of Health and Safety Code, section 25299.7(b) and CCR title 23, section 2713.

(1) ~~Quarterly~~ Semi-Annual Underground Storage Tank (UST) Program Report, ~~using Report 6,~~ provides information on ~~quarterly~~ semi-annual changes to the number of regulated tank facilities; the number of active and permanently closed petroleum and ~~hazardous substances non-petroleum~~ tank systems; the number of completed UST facility inspections; and a both a count and percent calculation of active UST systems facilities with approved leak detection systems and the count and percent of UST systems that meet the 1998 upgrade or replacement requirements in compliance with release detection and release prevention requirements; and information regarding red tags issued pursuant to CCR, title 23, article 10.5. ~~This report is a turnaround document that is provided quarterly by the State Water Resources Control Board to each CUPA showing the previous quarter's information reported by the CUPA. The CUPA will review and verify the information shown from the previous quarter reporting period and make any appropriate changes.~~

(2) The ~~quarterly~~semi-annual reports shall be submitted ~~60 days after the end of each quarter~~ by March 1 and September 1 to the:

State Water Resources Control Board, Division of Water Quality, UST Program, P.O. Box 2231 Sacramento, CA 95812-2231.

- (d) continued
- (e) continued
- (f) continued
- (g) continued
- (h) continued
- (i) continued
- (j) continued

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Authority cited: Sections 25404(b), (c), (d) and (e) and 25404.6(c), Health and Safety Code. Reference: Sections 25299.3(b), 25404(b), (c) and (d), 25404.4(a)(1) and 25404.5(b), Health and Safety Code.

§15400.1. What is the format of the UPCF and its required elements?

(a) The format of the UPCF refers to the way it is organized [see Figure 5]. The UPCF contains the following sections:

(1) Facility Information, to be completed by all regulated businesses:

(A) Business Activities

(B) Business Owner/Operator Identification (OES Form 2730)

(2) Hazardous Materials:

(A) Hazardous Materials Inventory-Chemical Description (OES Form 2731)

(3) Tanks:

(A) Underground Storage Tank Operating Permit Application- (UST)-Facility Information (formerly SWRCB Form A)

(B) Underground Storage Tank Operating Permit Application UST-Tank Information (formerly SWRCB Form B)

(C) UST Installation-Certificate of Compliance (formerly SWRCB Form

~~G~~) Underground Storage Tank Certification of Installation/Modification

(D) Underground Storage Tank Monitoring Plan

(4) Hazardous Waste

A) Recyclable Materials Report (per Health and Safety Code, Section 25143.10)

(B) Onsite Hazardous Waste Treatment Notification-Facility (formerly DTSC Form 1772)

(C) Onsite Hazardous Waste Treatment Notification-Unit (formerly DTSC Forms 1772A, B, C, D, E, and L)

(D) Certification of Financial Assurance for Permit by Rule and Conditionally Authorized Onsite Treaters (formerly DTSC Form 1232)

(E) Remote Waste Consolidation Site Annual Notification (formerly DTSC Form 1196)

(F) Hazardous Waste Tank Closure Certification (formerly DTSC Form 1249)

(b) continued

Authority cited: Sections 25404(b), (c), (d), and (e) and 25404.6(c), Health and Safety Code. Reference: Sections 25143.10, 25144.6, 25200.3, 25200.14, 25201, 25201.4.1, 25201.5, 25201.13, 25218.2, 25218.9, 25245.4, 25286, 25287, 25503.5, 25505, 25506 and 25509, Health and Safety Code.

Reports

3, 4, 6

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Amend Reports 3, 4 and 6 required by California Code of Regulations, title 27, division 1, subdivision 4, chapter 1, article 6, section 15290 to read as follows:

Report 3					
<div>UNIFIED PROGRAM ANNUAL INSPECTION SUMMARY REPORT 27 CCR § 15290</div>					
Completed By: _____ <small>(print name)</small>		Date Submitted: _____			
Fiscal Year: _____		CUPA Name: _____			
Telephone Number: () _____					
INSPECTION SUMMARY					
PROGRAM ELEMENTS	1 No. of Regulated Businesses in each Program Element	2 No. of Regulated Businesses Inspected in each Program Element	3 No. Number of Routine Inspections	4 No. of Routine Inspections That Returned to Compliance within Established Standard % of Routine Inspections w/Class I or II violation that RTC w/in 90 Days	5 No. Number of Other Inspections
A- Hazardous Materials Release Response Plans (HMRRP)					
B- California Accidental Release Prevention (CalARP)					
C- Underground Storage Tank (UST) Facilities					
D- Aboveground Petroleum Storage Tank (AST) Facilities					
E- Hazardous Waste Generators (AH)					
Generators (ALL)					

[illegible]

Title 27 DD
strikeout underline
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Report 4

**UNIFIED PROGRAM
ANNUAL ENFORCEMENT SUMMARY REPORT**
27 CCR § 15290

Completed By: _____
(print name)

Date Submitted: _____

Fiscal Year: _____

CUPA Name: _____

Telephone Number: () _____

VIOLATIONS INFORMATION				ENFORCEMENT ACTIONS TAKEN								
PROGRAM ELEMENTS	No. Number of Facilities with Violation Type			5 No. of Informal Enforcement Actions	6 Total No. of Formal Enforcement Actions Initiated within 135 Days of Inspection or Determining Violation (Class I or Class II only, excluding minor)	Number of Local AEOs	7 No. of Administrative Enforcement Actions Total Number of AEOs	AEOs Issued within 240 Days	8 No. of Civil Enforcement Referrals		10 Total Fines/ Penalties Assessed Cash Fines/ Penalties Imposed	11 Total Fines/ Penalties Collected Value of SEP Penalties Imposed
	1 Class I	2 Class II (excluding minor)	3-Minor 4 Other						9 No. of Criminal Enforcement Referrals	Number of Civil/Criminal Referrals		
A- Hazardous Materials Release Response Plans (HMRRP)												
B- California Accidental Release Prevention (CalARP)												
C- Underground Storage Tank (UST)												

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UPCF Rev. (mm/07)

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Report 6

Report 6

**CUPA REPORT 6 (Side One)
QUARTERLY/SEMI-ANNUAL UNDERGROUND STORAGE TANK (UST) PROGRAM REPORT**

27 CCR §15290 and 23 CCR §2713

AGENCY CODE		REPORT FOR (Reporting Period, Year)	
AGENCY NAME			
ADDRESS			
CITY, STATE, ZIP			
PERSON COMPLETING FORM			
PHONE NUMBER			
EMAIL ADDRESS			

Quarter:	To:	CUPA:	
STATUS OR ACTIVITY	A. Information as of (Provided quarterly by SWRCB) Column A (1) Total number as of previous reporting period	B. Changes this Quarter Column B Number of new facilities or systems this reporting period	Column C Number of facilities or systems permanently closed this reporting period
I.1. Regulated facilities with UST systems			
II.2. <u>Active</u> Petroleum UST systems			
— 2A. Active			
— 2B. Permanently Closed			
III.3. <u>Active</u> Hazardous Substances UST Systems <u>Non-petroleum UST systems</u>			
— 3A. Active			
— 3B. Permanently Closed			
		Total number this reporting period	

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IV. Active UST Systems facility inspections with Approved Leak Detection System 4a. Percent of active UST systems with approved leak detection systems		
V. Active UST Systems Meeting 1998 Upgrade/Replacement Requirements 5a. percent of active UST systems meeting 1998 requirements a. Facilities in compliance with release detection requirements only		
VI. Completed UST Facility Inspections b. Facilities in compliance with release prevention requirements only		
c. Facilities in compliance with both release detection and release prevention requirements		
d. Facilities with one or more violations of both release detection and release prevention requirements		

Information provided by: _____

Phone: _____

Date: _____

Comments: _____

1. If you have any corrections to numbers in Column A, please explain here: ±

{i.e. Row 1: -2 [2 facilities closed] }

CUPA REPORT 6 (Side Two)

AGENCY CODE

REPORT FOR (Reporting Period, Year)

5. Number of red tags issued for significant violations		
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Specific information regarding red tags issued. Please insert below the requested information for each facility receiving a red tag this reporting period. (Please note: the Name entry cell below will wrap text so just use commas between name, street, etc. do not hit enter)

a. Facility Name & Address (Street, City, Zip)	b. Red Tag #	c. Date Affixed	d. Date Removed	e. Significant Violation
Tank Owner Name				(enter 1, 2, or 3) ²
Tank Operator Name				
a. Facility Name & Address (Street, City, Zip)	b. Red Tag #	c. Date Affixed	d. Date Removed	e. Significant Violation

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Tank Owner Name					(enter 1, 2, or 3) ²
Tank Operator Name					
a. Facility Name & Address (Street, City, Zip)	b. Red Tag #	c. Date Affixed	d. Date Removed	e. Significant Violation	
Tank Owner Name					(enter 1, 2, or 3) ²
Tank Operator Name					
a. Facility Name & Address (Street, City, Zip)	b. Red Tag #	c. Date Affixed	d. Date Removed	e. Significant Violation	
Tank Owner Name					(enter 1, 2, or 3) ²
Tank Operator Name					

2. SIGNIFICANT VIOLATION NUMBER ENTERED IS FOR REASON BELOW

1. liquid release 2. impair leak detection 3. chronic/recalcitrant owner/operator

Red Tag Information Contact Person (if different from person completing form on Side One)

Name, phone number, and email address

Chapter 1 – Facility Information

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Amend California Code of Regulations, title 27, division 3, subdivision 1, chapter 1. Facility Information, to read as follows:

1 Business Activities					
ID	ELEMENT	EDIT CRITERIA/ CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
2	EPA ID Number	12 digit identifier beginning with CA	12	AN	EPA identification number for businesses that generate, recycle, or treat hazardous waste. For facilities in California, the number usually starts with the letters 'CA'. The number can be obtained from the Telephone Information Center at (916) 324-1781, (800) 61-TOXIC or (800) 618-6942.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
4	Hazardous Materials On Site	Y or N	1	AN	Business must report that it has hazardous materials on site if: - it is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of gas (calculated at standard temperature and pressure), - it is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A, - radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with those regulations. Triggers requirement for chemical description data elements.
4a	<u>CalARP Regulated Substances</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Business must report that it has Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP).</u>
5	Own or Operate Underground Storage Tank	Y or N	1	AN	Facility must report if it owns or operates USTs containing hazardous substances defined in HSC 25316. Triggers requirement for UST facility and tank data elements.
6	Upgrade/Install Underground Storage Tank	Y or N	1	AN	Facility must report if it intends to install or upgrade USTs containing hazardous substances defined in HSC 25316. Triggers requirement for UST installation data elements.
7	Underground Storage Tank Closure	Y or N	1	AN	Facility must report if a UST which held hazardous materials is being closed in place. Triggers requirement for UST closure data elements.
8	Own or Operate Aboveground Petroleum Storage Tank	Y or N	1	AN	Facility must report if it stores petroleum in aboveground tanks. "Petroleum" means crude oil or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC 25270.2(g)). The facility must report if any ASTs capacity exceeds 660 gallons or if the total facility storage capacity (aggregate) exceeds 1320

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1. Business Activities					
ID	ELEMENT	EDIT CRITERIA/ CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
					gal. "Storage tank" does not include any of the following: - a pressure vessel or boiler which is subject to Division 5 of the Labor Code, - a storage tank containing hazardous waste if a hazardous waste facilities permit has been issued for the storage tank by DTSC, - an aboveground oil production tank which is regulated by the Division of Oil and Gas, or - certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.
9	Hazardous Waste Generator	Y or N	1	AN	Facility must report if it generates hazardous waste. "Hazardous waste" means a waste that meets any of the criteria for the identification of a hazardous waste adopted by the department pursuant to HSC 25141. "Hazardous waste" includes, but is not limited to, RCRA hazardous waste. Unless expressly provided otherwise, the term "hazardous waste" shall be understood to also include extremely hazardous waste and acutely hazardous waste. Triggers requirement to obtain and provide EPA Identification number.
10	Recycle	Y or N	1	AN	Facility must report if it recycles more than 100 kilograms per month of recyclable material under a claim that the material qualifies for exclusion or exemption pursuant to HSC.25143.2. This includes onsite and offsite facilities that recycle under this law. Triggers requirement for Recyclable Materials data elements. Persons that send recyclable material offsite to be recycled and that do not recycle onsite are not included in this category.
11	Onsite Hazardous Waste Treatment	Y or N	1	AN	Facility must report if it treats hazardous waste under an onsite tier. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of "treatment" for certain processes under specific, limited conditions. Refer to HSC 25123.5(b) for these specific exemptions. Treatment of certain laboratory hazardous wastes do not require treatment. Refer to HSC25200.3.1 for specific information. Contact CUPA to determine if any exemptions or exclusions apply. Triggers requirement for onsite hazardous waste treatment data elements.
12	Financial Assurance	Y or N	1	AN	Facilities that treat hazardous waste under PBR or CA tiers are required to provide financial assurance for closure costs (per 22 CCR 67450.13(b), HSC 25245.4), unless they are exempt. Triggers requirement for financial assurance data elements.
13	Remote Waste	Y or N	1	AN	Facilities must report if they collect hazardous waste initially at remote sites and subsequently transport the hazardous waste

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1. Business Activities					
ID	ELEMENT	EDIT CRITERIA/ CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	Consolidation Site				to a consolidation site they operate pursuant to HSC 25110.10. Triggers requirement for remote hazardous waste consolidation data elements.
14	Hazardous Waste Tank Closure	Y or N	1	AN	Facilities must report if the tank being closed would be classified as hazardous waste, after its contents are removed. Classification could be based on: - the facility's knowledge of the tank and its contents, - testing of the tank, - inability to remove hazardous materials stored in the tank, - the mixture rule, or - the listed wastes in 40 CFR 261.31, 40 CFR 261.32. Triggers requirement for hazardous waste data elements.
14a	RCRA Hazardous Waste Generator	Y or N	1	AN	Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.
14b	HHW Collection	Y or N	1	AN	Facilities must report if they collect hazardous waste as a Household Hazardous Waste (HHW) Collection site.
15	Local Requirements				For local use only. This space may be used by the CUPA to collect any additional information necessary to meet the requirements of their individual programs. Contact CUPA for guidance.

Business Owner/Operator Identification (OES Form 2730)					
ID	ELEMENT	EDIT CRITERIA/ CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
100	Beginning Date	YYYYMMDD	8	D	Beginning year and date of report.
101	Ending Date	YYYYMMDD	8	D	Ending year and date of report.
102	Business Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of this site.
102a	Business Fax	Area code + 7 digit phone number + extension	15	AN	Fax number of this site.
103	Business Site Address	Postal standard: 2 lines, 35 characters	70	AN	Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104	City (Business)	Postal standard	20	AN	City or unincorporated area in which business site is located.

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Business Owner/Operator Identification (OES Form 2730)					
ID	ELEMENT	EDIT CRITERIA/ CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
105	Zip Code (Business)	Postal standard	9	AN	Zip code of business site.
106	Dun & Bradstreet	D-U-N-S (data universal numbering system) 9 digit number	9	AN	Dun & Bradstreet D-U-N-S number for facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by Internet.
107	SIC Code	Standard Industrial Classification (SIC) Code 4 digit number	4	AN	Standard Industrial Classification (SIC) Code number for primary business activity. If code is more than 4 digits, report only the first four.
107a	<u>NAICS Code</u>	<u>North American Industrial Classification System (NAICS) Number</u>	<u>6</u>	<u>AN</u>	<u>Standard for use by Federal statistical agencies in classifying business establishments for the collection, analysis, and publication of statistical data related to the business economy of the U.S. Will replace SIC Code.</u>
108	County		20	AN	County in which business site is located.
108a	<u>Business Mailing Address</u>	<u>Postal standard: 2 lines, 35 characters</u>	<u>70</u>	<u>AN</u>	<u>Mailing address of business, if different from business site address.</u>
108b	<u>Business City</u>	<u>Postal standard</u>	<u>20</u>	<u>AN</u>	<u>City for business mailing address.</u>
108c	<u>Business State</u>	<u>Postal standard</u>	<u>2</u>	<u>AN</u>	<u>State for business mailing address.</u>
108d	<u>Business Zip Code</u>	<u>Postal standard</u>	<u>9</u>	<u>AN</u>	<u>Zip code for business mailing address.</u>
109	Business Operator Name		35	AN	Name of business operator.
110	Business Operator Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of business operator, if different from business phone.
111	Business Owner Name		35	AN	Name of business owner, if different from business operator.
112	Business Owner Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of business owner, if different from business phone.
113	Business Owner Mailing Address	Postal standard: 2 lines, 35 characters	70	AN	Mailing address of owner, if different from business site address.
114	Business Owner City	Postal standard	20	AN	City for owner's mailing address.
115	Business Owner State	Postal standard	2	AN	State for owner's mailing address.
116	Business Owner Zip Code	Postal standard	9	AN	Zip code for owner's mailing address.
117	Environmental Contact Name		35	AN	Name of person, if different from the business owner/operator, who receives all environmental correspondence and will respond to enforcement activity.
118	Environmental Contact Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of environmental contact, if different from business owner or operator.
119	Environmental Contact Mailing Address	Postal standard: 2 lines, 35 characters	70	AN	Mailing address for all environmental contact correspondence, if different from the site address.
119a	<u>Environmental Contact</u>		<u>70</u>	<u>AN</u>	<u>Emailing address for all environmental contact correspondence.</u>

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Business Owner/Operator Identification (OES Form 2730)					
ID	ELEMENT	EDIT CRITERIA/ CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	Email Address				
120	Environmental Contact City	Postal standard	20	AN	City for environmental contact's mailing address.
121	Environmental Contact State	Postal standard	2	AN	State for environmental contact's mailing address.
122	Environmental Contact Zip Code	Postal standard	9	AN	Zip code for environmental contact's mailing address.
123	Primary Emergency Contact Name		35	AN	Name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124	Primary Emergency Contact Title		35	AN	Title of primary emergency contact.
125	Primary Emergency Contact Business Phone Number	Area code + 7 digit phone number + extension	15	AN	Business phone number of primary emergency contact.
126	Primary Emergency Contact 24-Hour Phone	Area code + 7 digit phone number + extension	15	AN	Phone number for primary emergency contact which is answered 24 hours a day and, if not the contact's home phone number, then the service answering the phone must be able to immediately contact the above stated individual.
127	Primary Emergency Contact Pager Number	Area code + 7 digit phone number + extension	15	AN	Pager phone number for primary emergency contact, if available.
128	Secondary Emergency Contact Name		35	AN	Name of secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129	Secondary Emergency Contact Title		35	AN	Title of secondary emergency contact.
130	Secondary Emergency Contact Business Phone	Area code + 7 digit phone number + extension	15	AN	Business phone number of secondary emergency contact.
131	Secondary Emergency Contact 24-Hour Phone	Area code + 7 digit phone number + extension	15	AN	Phone number for secondary emergency contact which is answered 24 hours a day and, if not the contact's home phone number, then the service answering the phone must be able to immediately contact the above stated individual.
132	Secondary Emergency Contact Pager Number	Area code + 7 digit phone number + extension	15	AN	Pager phone number for secondary emergency contact, if available.
133	Additional Locally Collected Information	Narrative	255	AN	For local use only. This space may be used for CUPAs or agencies authorized by the Secretary pursuant to HSC 25404.3(f)(2) to collect any additional information necessary to meet the requirements of their individual programs. Contact local agency for guidance.
134	Date Identification	YYYYMMDD	8	D	Date the document was signed.

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Business Owner / Operator Identification (OES Form 2730)					
ID	ELEMENT	EDIT CRITERIA/ CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	Signed				
135	Document Preparer Name (Identification)		35	AN	Full name of person who prepared the submittal information.
136	Name of Signer of Identification		35	AN	Full name of person signing the page. The signer certifies to a familiarity with the information submitted and that based on their inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
137	Title of Signer of Identification		35	AN	Title of person signing the page.

Chapter 2 – Hazardous Materials

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Amend California Code of Regulations, title 27, division 3, subdivision 1, chapter 2. Hazardous Materials, to read as follows:

HAZARDOUS MATERIALS 2. Hazardous Materials Inventory - Chemical Description (OES Form 2734)					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name		70	AN	Full legal name of business.
200	Add / Delete / Revise	a = add d = delete r = revise	1		Indicates if material is being added to the inventory, deleted from the inventory or if the information previously submitted is being revised. Not required for electronic data collection. NOTE: This field may be empty if entire inventory is resubmitted annually.
201	Chemical Location (Inventory)	Narrative	140	AN	Building or outside/adjacent area where hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, may be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC 25506.
202	Chemical Location Confidential - EPCRA	Y or N	1	AN	If the business is subject to the Emergency Planning and Community Right to Know Act (EPCRA) this field indicates whether the business wishes to keep chemical location information confidential.
203	Map Number	Optional field	15	AN	If a map is included, number of map on which the location of the hazardous material is shown.
204	Grid Number	Optional field	15	AN	If grid coordinates are used, coordinates of map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be listed.
205	Chemical Name	Narrative	60	AN	Proper chemical name associated to the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; complete the "Common name" field instead.
206	Trade Secret	Y or N	1	AN	Indicates if information in this section is declared a trade secret. If business is not subject to EPCRA, trade secret information is bound by State requirements, as defined in HSC 25511. If business is subject to EPCRA, trade secret information is bound by Federal requirements, as defined in 40 CFR and business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to U.S. EPA.
207	Common Name (Inventory)		60	AN	Common name or trade name of hazardous material or mixture containing a hazardous material.

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HAZARDOUS MATERIALS 2. Hazardous Materials Inventory - Chemical Description (OES Form 2734)					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
208	EHS	Y or N	1	AN	Indicates if hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR Part 355, Appendix A. If the material is a mixture containing an EHS, do not complete this field; report on the individual hazardous components in the appropriate section below.
209	CAS #	Chemical Abstract Service number	15	AN	Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS # of the mixture if it has been assigned a number distinct from its components. If the mixture has no CAS #, do not complete this field; report the CAS #s of the individual hazardous components in the appropriate section below.
210	Fire Code Hazard Classes	Narrative	60	AN	May be required by the CUPA. Fire Code Hazard Classes describe to first responders the type and level of hazardous materials which a business handles. A list of the various hazard classes and instructions on how to determine which class a material falls under are included in the appendices of the Uniform Fire Code Article 80. If a material has more than one applicable hazard class, include all. Contact CUPA for guidance.
211	Hazardous Material Type (Inventory)	a = pure b = mixture c = waste	1	AN	Type of hazardous material. If waste material, check only that box. If mixture or waste, complete the individual hazardous components section below.
212	Radioactive	Y or N	1	AN	Indicates whether the hazardous material stored is radioactive.
213	Curies	9 digits with floating decimal	10	N	Activity in curies if the hazardous materials stored is radioactive.
214	Physical State	a = solid b = liquid c = gas	1	AN	Physical state of the hazardous material stored.
215	Largest Container	Maximum 13 digit number, report units in item 221.	13	N	Total capacity of largest container in which material is stored.
216a	Federal Hazard Category = fire	Y or N	1	AN	Physical and health hazards associated with hazardous material. FIRE: Flammable liquids and solids, combustible liquids, pyrophorics, oxidizers.
216b	Federal Hazard Category = reactive	Y or N	1	AN	Physical and health hazards associated with hazardous material. REACTIVE: Unstable reactive, organic peroxides, water reactive, radioactive.
216c	Federal Hazard Category = pressure release	Y or N	1	AN	Physical and health hazards associated with hazardous material. PRESSURE RELEASE: Explosives, compressed gases, blasting agents.
216d	Federal Hazard Category = acute health	Y or N	1	AN	Physical and health hazards associated with hazardous material. ACUTE HEALTH (Immediate): Highly toxic, toxic, irritants, sensitizers, corrosives, other hazardous chemicals with an adverse effect with

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HAZARDOUS MATERIALS 2. Hazardous Materials Inventory - Chemical Description (OES Form 2734)					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
					short term exposure.
216e	Federal Hazard Category = chronic health	Y or N	1	AN	Physical and health hazards associated with hazardous material. CHRONIC HEALTH (Delayed): Carcinogens, other hazardous chemicals with an adverse effect with long term exposure.
217	Average Daily Amount	Maximum 15 digit number. This amount should be consistent with the units reported in item 221. NOTE: This amount should not exceed that of maximum daily amount.	15	N	Average daily amount of hazardous material or mixture containing a hazardous material in each building or adjacent/outside area. Calculations are based on previous year's inventory of material reported on this page by totaling all daily amounts and dividing by the number of days the chemical will be present on the site. If this is a material that has not previously been present at this location the amount is the average daily amount projected to be on hand during the course of the year.
218	Maximum Daily Amount	Maximum 15 digit number. This amount should be consistent with the units reported in item 221.	15	N	Maximum amount of each hazardous material or mixture containing a hazardous material handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year.
219	Annual Waste Amount	Maximum 15 digit number	15	N	Estimate of annual amount handled, if the hazardous material is a waste.
220	State Waste Code	California 3-digit hazardous code	3	AN	California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste manifest, if the hazardous material is a hazardous waste.
221	Units (Inventory)	a = cubic feet b = pounds c = tons d = gallons	1	AN	Unit of measure which is most appropriate for the material being reported on this page. NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
222	Days on Site		3	N	Total number of days during the year material is on site.
223a	Storage Container = aboveground tank	Y or N	1	AN	Type of storage container in which hazardous material is stored.
223b	Storage Container = underground tank	Y or N	1	AN	See description in item 223a above.
223c	Storage Container = tank inside building	Y or N	1	AN	See description in item 223a above.
223d	Storage Container = steel drum	Y or N	1	AN	See description in item 223a above.
223e	Storage Container = plastic / nonmetallic	Y or N	1	AN	See description in item 223a above.

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HAZARDOUS MATERIALS 2. Hazardous Materials Inventory - Chemical Description (OES Form 2734)					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	drum				
223f	Storage Container = can	Y or N	1	AN	See description in item 223a above.
223g	Storage Container = carboy	Y or N	1	AN	See description in item 223a above.
223h	Storage Container = silo	Y or N	1	AN	See description in item 223a above.
223i	Storage Container = fiber drum	Y or N	1	AN	See description in item 223a above.
223j	Storage Container = bag	Y or N	1	AN	See description in item 223a above.
223k	Storage Container = box	Y or N	1	AN	See description in item 223a above.
223l	Storage Container = cylinder	Y or N	1	AN	See description in item 223a above.
223m	Storage Container = glass bottle	Y or N	1	AN	See description in item 223a above.
223n	Storage Container = plastic bottle	Y or N	1	AN	See description in item 223a above.
223o	Storage Container = tote bin	Y or N	1	AN	See description in item 223a above.
223p	Storage Container = tank truck, tank wagon	Y or N	1	AN	See description in item 223a above.
223q	Storage Container = tank car, rail car	Y or N	1	AN	See description in item 223a above.
223r	Storage Container = other	Narrative	30	AN	See description in item 223a above.
224	Storage Pressure	a = ambient b = below ambient c = above ambient	1	AN	Pressure at which hazardous material is stored.
225	Storage Temperature	a = ambient b = below ambient c = above ambient d = cryogenic	1	AN	Temperature at which hazardous material is stored.
226	Hazardous Component 1 Percent by Weight	2.2 (implied decimal)	4	N	Percentage weight of hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range.
227	Hazardous Component 1 Name	Narrative	80	AN	Chemical name of hazardous component in a mixture (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, the business may submit an additional sheet of paper

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HAZARDOUS MATERIALS 2. Hazardous Materials Inventory - Chemical Description (OES Form 2734)					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
					to capture the required information. Information on more than five components is not submitted electronically unless the CUPA has established local standards. When reporting a waste mixture, mineral and chemical composition should be listed.
228	Hazardous Component 1 EHS	Y or N	1	AN	Indicates if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR Part 355.
229	Hazardous Component 1 CAS #		15	AN	Chemical Abstract Service (CAS) number related to hazardous component in the mixture.
230	Hazardous Component 2 Percent by Weight	2.2 (implied decimal)	4	N	See description in item 226.
231	Hazardous Component 2 Name		80	AN	See description in item 227.
232	Hazardous Component 2 EHS	Y or N	1	AN	See description in item 228.
233	Hazardous Component 2 CAS #		15	AN	See description in item 229.
234	Hazardous Component 3 Percent by Weight	2.2 (implied decimal)	4	N	See description in item 226.
235	Hazardous Component 3 Name		80	AN	See description in item 227.
236	Hazardous Component 3 EHS	Y or N	1	AN	See description in item 228.
237	Hazardous Component 3 CAS #		15	AN	See description in item 229.
238	Hazardous Component 4 Percent by Weight	2.2 (implied decimal)	4	N	See description in item 226.
239	Hazardous Component 4 Name		80	AN	See description in item 227.
240	Hazardous Component 4 EHS	Y or N	1	AN	See description in item 228.
241	Hazardous Component 4 CAS #		15	AN	See description in item 229.
242	Hazardous Component 5 Percent by Weight	2.2 (implied decimal)	4	N	See description in item 226.
243	Hazardous Component 5 Name		80	AN	See description in item 227.
244	Hazardous Component 5 EHS	Y or N	1	AN	See description in item 228.

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HAZARDOUS MATERIALS 2. Hazardous Materials Inventory - Chemical Description (OES Form 2734)					
ID	ELEMENT	EDIT CRITERIA/ CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
245	Hazardous Component 5 CAS #		15	AN	See description in Item 229.
If more than five hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, the information is not submitted electronically unless the CUPA has established local data standards.					
246	Additional Locally Collected Information		255	AN	For local use only. This space may be used by the CUPA to collect any additional information necessary to meet the requirements of their individual programs. Contact CUPA for guidance.

Chapter 3 – Tanks

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Amend California Code of Regulations, title 27, division 3, subdivision 1, chapter 3. Tanks, to read as follows:

III. UNDERGROUND STORAGE TANKS A. UST Operating Permit Application-Facility Information Page					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name		70	AN	Full legal name of business.
103	Business Site Address	Postal standard: 2 lines, 35 characters	70	AN	Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104	City (Business)	Postal standard	20	AN	City or unincorporated area in which business site is located.
400	Type of Action (Tank-Facility)	1 = new site-permit 3 = renewal permit 4 = amended permit 5 = change of information 6 = temporary site facility closure 7 = permanently closed-site facility closure 8 = tank-removed 9. Transfer Permit	1	AN	Reason page is being submitted.
401	Nearest Cross Street		35	AN	Name of cross street nearest to site of the tank.
402	Facility Owner Type	1 = corporation 2 = individual 3 = partnership 4 = local agency / district 5 = county agency 6 = state agency 7 = federal agency	4	AN	Type of business ownership.
403	Facility Business Type (UST Tank-Facility)	1 = gas station motor vehicle fueling 2 = distributor-fuel distribution 3 = farm 4 = processor 5 = commercial 6 = other	1	AN	Type of business-UST facility.
404	Total Number of Tanks Remaining USTs at Site-Facility (Tank-Facility)		4	N	Number of tanks-USTs remaining on the site after requested action.
405	Indian or Trust Land	Y or N 1=Yes	1	AN	Indicates if facility is located on Indian reservation or other trust lands.

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III. UNDERGROUND STORAGE TANKS A. UST Operating Permit Application Facility Information Page					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
		2=No			
406	Public Agency Supervisor Name of Division, Section, or Office (Required for Public Agencies Only)		35	AN	Contact person for tank records, if facility owner is a public agency.
407	Property Owner Name		35	AN	Name of property owner, if different from business owner on Business Owner/Operator page.
408	Property Owner Phone	Area code + 7 digit phone number + extension	15	AN	Phone number of property owner, if different from business owner.
409	Property Owner Mailing Address	Postal standard: 2 lines, 35 characters	70	AN	Street or Mailing address of property owner, if different from business owner.
410	Property Owner City	Postal standard	20	AN	City of property owner, if different from business owner.
411	Property Owner State	Valid 2-digit state code	2	AN	State of property owner, if different from business owner.
412	Property Owner Zip Code	Postal standard	9	AN	Zip code of property owner, if different from business owner.
413	Property Owner Type	1 = corporation 2 = individual 3 = partnership 4 = local agency / district 5 = county agency 6 = state agency 7 = federal agency	4	AN	Type of property ownership.
414	Tank Owner Name (Facility)		35	AN	Name of tank owner, if different from business owner on Business Owner/Operator page.
415	Tank Owner Phone (Facility)	Area code + 7 digit phone number + extension	15	AN	Phone number of tank owner, if different from business owner on UPCF Business Owner/Operator Identification page.
416	Tank Owner Mailing Address Street (Facility)	Postal standard: 2 lines, 35 characters	70	AN	Street or Mailing address of tank owner, if different from business owner on UPCF Business Owner/Operator Identification page.
417	Tank Owner City (Facility)	Postal standard	20	AN	City of tank owner, if different from business owner on UPCF Business Owner/Operator Identification page.
418	Tank Owner State (Facility)	Valid 2-digit state code	2	AN	State of tank owner, if different from business owner on UPCF Business Owner/Operator Identification page.
419	Tank Owner Zip Code (Facility)	Postal standard	9	AN	Zip code of tank owner, if different from business owner on UPCF Business Owner/Operator Identification page.
420	Tank Owner Type	1 = corporation / LLC	1	AN	Type of tank UST ownership.

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III. UNDERGROUND STORAGE TANKS					
A. UST Operating Permit Application-Facility Information Page					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
		2 = individual 3 = partnership 4 = local agency / district 5 = county agency 6 = state agency 7 = federal agency 8 = non-government			
421	BOE Number	BOE 8 digit number, first two digits = 44	8	AN	Board of Equalization (BOE) UST storage fee account number. This number is required before a permit application can be processed. Registration with the BOE will ensure that you will receive a quarterly storage fee return in reporting the \$0.0124 per gallon fee due on the number of gallons placed in your USTs. The BOE will code persons exempt from paying the storage fee so returns will not be sent. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at (916) 322-9669 or write to the BOE at the following address: <u>State Board of Equalization</u> <u>Fuel Taxes Division-Industry Section,</u> <u>MIC-30</u> P.O. Box 942879 Sacramento, CA 94279-0030
422-1	Petroleum UST Financial Responsibility Code = self-insured	Y or N	1	AN	Method(s) used by owner and/or operator in meeting the Federal and State financial responsibility requirements. USTs owned by any Federal or State agency as well as non-petroleum USTs are exempt from this requirement.
422-2	Petroleum UST Financial Responsibility Code = guarantee	Y or N	1	AN	See description in item 422-1.
422-3	Petroleum UST Financial Responsibility Code = insurance	Y or N	1	AN	See description in item 422-1.
422-4	Petroleum UST Financial Responsibility Code = surety bond	Y or N	1	AN	See description in item 422-1.
422-5	Petroleum UST Financial Responsibility Code = letter of credit	Y or N	1	AN	See description in item 422-1.
422-6	Petroleum UST Financial Responsibility Code = exemption	Y or N	1	AN	See description in item 422-1.
422-7	Petroleum UST	Y or N	4	AN	See description in item 422-1.

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III. UNDERGROUND STORAGE TANKS					
A. UST Operating Permit Application Facility Information Page					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	Financial Responsibility Code = State Fund				
422-8	Petroleum UST Financial Responsibility Code = State Fund and CFO letter	Y or N	1	AN	See description in item 422-1.
422-9	Petroleum UST Financial Responsibility Code = State Fund and CD	Y or N	1	AN	See description in item 422-1.
422-10	Petroleum UST Financial Responsibility Code = local government mechanism	Y or N	1	AN	See description in item 422-1.
422-99	Petroleum UST Financial Responsibility Code = other	Narrative	30	AN	See description in item 422-1.
423	Notification Address Permit Holder Information	1 = facility owner address 2 = property owner address 3 = tank owner address 4 = tank operator 5 = facility operator	1	AN	Address Party to which whom UST permit is to be issued and legal notifications and mailings should be sent.
424	Date Certified (UST Tank-Facility)	YYYYMMDD MMDDYYY	8	D	Date the page was signed.
425	Applicant Phone (UST Tank-Facility)	Area code + 7 digit phone number + extension	15	AN	Phone number of applicant (person certifying).
426	Applicant Name (UST Tank-Facility)		35	AN	Name of signatory. The applicant certifies to a belief that all the information submitted is accurate and complete. The applicant may be the Owner/Operator or officially designated representative.
427	Applicant Title (UST Tank-Facility)		35	AN	Title of person signing the page.
428	State UST Facility Number	2-AN county 3-AN jurisdiction 6-AN facility number	44	AN	For local use only. County and jurisdiction number from tax code list. This number may be the same as the Facility ID number.
429	1998 Upgrade Certificate Number		6	AN	For local use only. The State Water Resources Control Board 1998 Upgrade Certificate Number for the facility.
TO1	Tank Operator Name		35	AN	Name of UST operator.
TO2	Tank Operator Phone	Area code + 7 digit phone	15	AN	Phone number of UST operator, if different from

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III. UNDERGROUND STORAGE TANKS					
A. UST Operating Permit Application Facility Information Page					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
		number + extension			business owner on UPCF Business Owner/Operator Identification page.
TO3	Tank Operator Mailing Address	Postal standard: 2 lines, 35 characters	70	AN	Mailing address of UST operator, if different from business owner.
TO4	Tank Operator City	Postal standard	20	AN	City of UST operator, if different from business owner.
TO5	Tank Operator State	Valid 2-digit state code	2	AN	State of UST operator, if different from business owner.
TO6	Tank Operator Zip Code	Postal standard	9	AN	Zip code of UST operator, if different from business owner.

III. UNDERGROUND STORAGE TANKS					
B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county- 3 AN jurisdiction 6 AN facility number.	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
103	Business Site Address	Postal standard: 2 lines, 35 characters	70	AN	Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104	City (Business)	Postal standard	20	AN	City or unincorporated area in which business site is located.
430	Type of Action (UST Tank-Unit)	1 = new site-permit 3 = renewal permit 4 = amended permit 5 = change of information 6 = temporary site-UST closure 7 = UST permanently closed on site 8 = tank-UST removed	1	AN	Reason page is being submitted.
430-a	Date UST Permanently Closed	MMDDYYYY	8	D	Date the UST was permanently closed.
430-b	Date Existing UST Discovered	MMDDYYYY	8	D	Date the existing UST was discovered.
	Location Within Site				

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III. UNDERGROUND STORAGE TANKS					
B. UST Operating Permit Application Tank Information Pages 4 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION/DESCRIPTION
431	(Tank Unit)		70	AN	Optional. Location of tank within site.
432	Tank ID # (Tank Unit)		6	AN	Owner's tank ID #. This is a unique tank number used by owner to identify the tank.
433	Tank Manufacturer		30	AN	Name of company that manufactured tank.
434	Compartmentalized Tank Number of Tank Units	Y or N 1 = A stand-alone tank 2 = One of two or more compartments.	1	AN	Indicates whether if the tank is a stand-alone tank or one of two or more compartments within a single secondary containment unit. compartmentalized. Each compartment is considered a separate tank and requires the completion of separate tank forms pages.
435	Date UST System Tank Installed	YYYYMM-MMYYYY	6	D	Year and month the tank installation was completed.
436	Tank Capacity In Gallons		7	N	Tank capacity in The number of gallons the tank will hold.
437	Number of Tank Compartments		2	AN	Number of compartments within a single secondary containment unit if more than one. in compartmentalized tank.
438	Additional Description	Narrative	70	AN	For local use only. Additional tank or location description.
439	Tank Use	01a = motor vehicle fueling 1b = marina fueling 1c = aviation fueling 02 = non-fuel petroleum 03 = chemical product storage 04 = hazardous waste (includes used oil) 05 = emergency generator fuel 06 = other generator fuel 95 = unknown 99 = other	2	AN	Type of hazardous materials stored. Activity that the tank use supports.
439a	Specify Other	Narrative	15	AN	Specify other tank use.
440	Tank Contents Petroleum Type	1a = regular unleaded 1b = premium unleaded 1c = midgrade unleaded 02 = leaded 03 = diesel 04 = gasoline 05 = jet fuel 06 = aviation gas 07 = used oil 08 = petroleum blend fuel 09 = other petroleum 10 = ethanol 99 = other non-petroleum	2	AN	Type of fuel if tank stores vehicle fuel. Substance stored in UST.

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III. UNDERGROUND STORAGE TANKS					
B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
440a	<u>Specify Other Petroleum</u>	<u>Narrative</u>	15	AN	<u>Specify other petroleum contents.</u>
440b	<u>Specify Other Non-Petroleum</u>	<u>Narrative</u>	15	AN	<u>Specify other Non-petroleum contents.</u>
441	Common Name (Tank Unit)		30	AN	Common name of substance stored. Same as on Hazardous Materials Inventory—Chemical Description page.
442	CAS # (Tank Unit)		15	AN	CAS # of chemical stored in UST. Same as the CAS # on the Hazardous Material Inventory—Chemical Description page.
443	Type of Tank	01 = single wall 02 = double wall 03 = single wall w/ exterior membrane liner 04 = single wall in a vault 05 = single wall w/ internal bladder system 95 = unknown 99 = other	2	AN	Type of tank construction.
444	<u>Tank Primary Containment Construction Tank Material (primary tank)</u>	01 = bare steel 02 = stainless steel 03 = fiberglass/plastic 04 = steel clad w/ fiberglass reinforced plastic (frp) 05 = concrete 06 = internal bladder 07 = steel + internal lining 08 = frp compatible w/ 100% methanol 95 = unknown 99 = other	2	AN	Construction material of the primary tank.
444a	<u>Specify Other</u>	<u>Narrative</u>	15	AN	<u>Specify other construction of the primary containment.</u>
445	<u>Tank Secondary Containment Construction Tank Material (secondary tank)</u>	01 = bare steel 02 = stainless steel 03 = fiberglass/plastic 04 = steel clad w/ fiberglass reinforced plastic (frp) 05 = concrete 06 = exterior membrane liner 07 = jacketed 08 = frp compatible w/ 100% methanol 09 = frp non-corrodible jacket	2	AN	Construction material of the secondary tank.

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III. UNDERGROUND STORAGE TANKS B. UST Operating Permit Application Tank Information Pages 4 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
445a	<u>Specify Other</u>	40 = coated steel 90 = none 95 = unknown 99 = other <u>Narrative</u>	15	AN	<u>Specify other construction of the primary containment.</u>
446	Tank Interior Lining or Coating	01 = rubber-lined 02 = alkyd lining 03 = epoxy lining 04 = phenolic lining 05 = glass lining 06 = unlined 95 = unknown 99 = other	2	AN	Construction material of the interior lining or coating.
447	Date Tank Interior Lining Installed	YYYYMMDD	8	N	For local use only. Date interior lining or coating installed.
448	Steel Component Other Tank Corrosion Protection	01 = manufactured cathodic protection 02 = sacrificial anode(s) 03 = fiberglass-reinforced plastic (frp) 04 = impressed current 06 = isolation 90 = none 95 = unknown 99 = other	2	AN	Other tank corrosion protection methods, if applicable.
449	Date Tank Corrosion Protection Installed	YYYYMMDD	8	N	For local use only. Date tank corrosion protection installed.
450-1	Year Spill and Overfill Installed = spill containment	YYYY	4	N	Year spill containment installed.
450-2	Year Spill and Overfill Installed = drop tube	YYYY	4	N	Year drop tube installed.
450-3	Year Spill and Overfill Installed = striker plate	YYYY	4	N	Year striker plate installed.
451-a	<u>Fill Components</u> 1. <u>spill bucket installed</u>	Y or N	1	AN	<u>Indicates that spill buckets are installed.</u>
451-b	3. <u>striker plate / bottom protector installed</u>	Y or N	1	AN	<u>Indicates that a striker plate or bottom protector has been installed.</u>
451-c	4 <u>containment sump</u>	Y or N	1	AN	<u>Indicates that the fill has a containment sump</u>
451-4	Type of Spill	Narrative	45	AN	For local use only. Type of tank spill protection.

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III. UNDERGROUND STORAGE TANKS B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	Protection—spill containment				
451-2	Type of Spill Protection—drop tube	Narrative	45	AN	For local use only. Type of tank spill protection.
451-3	Type of Spill Protection—striker plate	Narrative	45	AN	For local use only. Type of tank spill protection.
452	Overfill Prevention	01 = audible & visual alarms 02 = Ball float 03 = fill tube shut-off valve 04 = exempt	2	AN	Overfill prevention hardware installed in UST system.
452-1	Year Overfill Protection Equipment Installed—alarm	YYYY	4	N	Year alarm installed.
452-2	Year Overfill Protection Equipment Installed—ball float	YYYY	4	N	Year ball float installed.
452-3	Year Overfill Protection Equipment Installed—fill tube shut-off valve	YYYY	4	N	Year fill tube shut-off valve installed.
452-4	Overfill Protection Equipment—exempt	Y-or-N	4	AN	Indicates exemption from overfill protection.
453-1	Tank Leak Detection (Single Wall)—visual (exposed portion only)	Y-or-N	4	AN	Type of tank leak detection.
453-2	Tank Leak Detection (Single Wall)—automatic tank gauging (ATG)	Y-or-N	4	AN	Type of tank leak detection.
453-3	Tank Leak Detection (Single Wall)—continuous ATG	Y-or-N	4	AN	Type of tank leak detection.
453-4	Tank Leak Detection (Single Wall)—statistical inventory reconciliation (SIR)+ biennial tank testing	Y-or-N	4	AN	Type of tank leak detection.
453-5	Tank Leak Detection (Single Wall)—manual tank gauging (MTG)	Y-or-N	4	AN	Type of tank leak detection.
453-6	Tank Leak Detection	Y-or-N	4	AN	Type of tank leak detection.

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ID	ELEMENT	EDIT CRITERIA/ CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	(Single-Wall)= vadose zone				
453-7	Tank-Leak-Detection (Single-Wall)= groundwater	Y-or-N	4	AN	Type-of-tank-leak-detection.
453-8	Tank-Leak-Detection (Single-Wall)= tank testing	Y-or-N	4	AN	Type-of-tank-leak-detection.
453-99	Tank-Leak-Detection (Single-Wall)= other	Narrative	30	AN	Type-of-tank-leak-detection.
454-1	Tank-Leak-Detection (Double-Wall)= visual (single-wall-in vault-only)	Y-or-N	4	AN	Type-of-tank-leak-detection.
454-2	Tank-Leak-Detection (Double-Wall)= continuous-interstitial monitoring	Y-or-N	4	AN	Type-of-tank-leak-detection.
454-3	Tank-Leak-Detection (Double-Wall)= manual-monitoring	Y-or-N	4	AN	Type-of-tank-leak-detection.
455	Estimated Date Last Used	YYYYMMDD	8	D	Date tank last used (for closure in-place).
456	Estimated Quantity of Substance Remaining in-Tank		7	N	Estimated quantity of hazardous substance remaining in gallons (for closure in-place).
457	Tank-Filled-with Inert-Material	Y-or-N	4	AN	Indicates whether tank was filled with an inert material prior to closure (for closure in-place).
458	<u>Piping System Type</u>	01 = pressure 02 = gravity 03 = conventional suction 04 = 23 CCR §2636(a)(3) suction	2	AN	Type of underground piping system.
458-1	Piping-System-Type (Underground)= pressure	Y-or-N	4	AN	Type-of-underground-piping-system.
458-2	Piping-System-Type (Underground)= suction	Y-or-N	4	AN	Type-of-underground-piping-system.
458-3	Piping-System-Type (Underground)= gravity	Y-or-N	4	AN	Type-of-underground-piping-system.
459-1	Piping-System-Type (Aboveground)=	Y-or-N	4	AN	Type-of-aboveground-piping-system.

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ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	pressure				
459-2	Piping-System-Type (Aboveground)= suction	Y-or-N	4	AN	Type-of-aboveground-piping-system.
459-3	Piping-System-Type (Aboveground)= gravity	Y-or-N	4	AN	Type-of-aboveground-piping-system.
460-1	Piping-Construction (Underground)= single-wall	Y-or-N	4	AN	Type-of-underground-piping-construction.
460-2	Piping-Construction (Underground)= double-wall	Y-or-N	4	AN	Type-of-underground-piping-construction.
460-3	Piping-Construction (Underground)= lined-trench	Y-or-N	4	AN	Type-of-underground-piping-construction.
460-95	Piping-Construction (Underground)= unknown	Y-or-N	4	AN	Type-of-underground-piping-construction.
460-99	Piping-Construction (Underground)= other	Y-or-N	4	AN	Type-of-underground-piping-construction.
461	Piping-Manufacturer (Underground)	Narrative	30	AN	Name-of-underground-piping-manufacturer.
462-1	Piping-Construction (Aboveground)= single-wall	Y-or-N	4	AN	Type-of-aboveground-piping-construction.
462-2	Piping-Construction (Aboveground)= double-wall	Y-or-N	4	AN	Type-of-aboveground-piping-construction.
462-95	Piping-Construction (Aboveground)= unknown	Y-or-N	4	AN	Type-of-aboveground-piping-construction.
462-99	Piping-Construction (Aboveground)= other	Y-or-N	4	AN	Type-of-aboveground-piping-construction.
463	Piping-Manufacturer (Aboveground)	Narrative	30	AN	Name-of-aboveground-piping-manufacturer.
464	Product/Waste Piping Primary Containment Construction	01 = steel 04 = fiberglass 08 = flexible 10 = rigid plastic 90 = none 95 = unknown 99 = other	2	AN	Construction material of the primary product/waste piping.

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ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
464a	<u>Specify Other</u>	<u>Narrative</u>	15	AN	<u>Describe other construction material for the primary containment.</u>
464b	<u>Product/Waste Piping Secondary Containment Construction</u>	01 = steel 04 = fiberglass 08 = flexible 10 = rigid plastic 90 = none 95 = unknown 99 = other	2	AN	<u>Construction material of the secondary product/waste piping.</u>
464c	<u>Specify Other</u>	<u>Narrative</u>	15	AN	<u>Describe other construction.</u>
464d	<u>Piping/Turbine Containment Sump</u>	01 = Single-walled 02 = Double-walled 03 = None	2	AN	<u>Designates type of Turbine Containment Sump</u>
464e	<u>Vent Piping Primary Containment Construction</u>	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	<u>Construction material of the primary vent piping.</u>
464e1	<u>Specify other vent primary containment construction</u>	<u>Narrative</u>	15	AN	<u>Describe other vent primary containment construction material.</u>
464f	<u>Vent Piping Secondary Containment Construction</u>	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	<u>Construction material of the secondary vent piping.</u>
464f1	<u>Specify other vent secondary containment construction</u>	<u>Narrative</u>	15	AN	<u>Describe other vent secondary containment construction material.</u>
464g	<u>Vapor Recovery Piping Primary Containment Construction</u>	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	<u>Construction material of the primary vapor recovery piping.</u>
464g1	<u>Specify other vapor recovery primary containment construction</u>	<u>Narrative</u>	15	AN	<u>Describe other vapor recovery primary containment construction material.</u>
464h	<u>Vapor Recovery Piping Secondary Containment Construction</u>	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	<u>Construction material of the secondary vapor recovery piping.</u>
464h1	<u>Specify other vapor recovery secondary containment construction</u>	<u>Narrative</u>	15	AN	<u>Describe other vapor recovery secondary containment construction material.</u>
464i	<u>Vent Piping</u>	01 = Single-walled	2	AN	<u>Type of Vent piping transition sumps.</u>

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ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	<u>Transition Sumps</u>	02 = Double-walled 03 = None			
464j	<u>Riser Pipe Primary Containment Construction</u>	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	<u>Construction material of the primary riser piping.</u>
464j1	<u>Specify other riser pipe primary containment construction</u>	Narrative	15	AN	<u>Describe other riser pipe primary containment construction material.</u>
464k	<u>Riser Pipe Secondary Containment Construction</u>	01 = steel 04 = fiberglass 10 = rigid plastic 90 = none 99 = other	2	AN	<u>Construction material of the riser pipe secondary containment.</u>
464k1	<u>Specify other riser pipe secondary containment construction</u>	Narrative	15	AN	<u>Describe other riser pipe secondary containment construction material.</u>
464-1	<u>Piping Material and Corrosion Protection (Underground) = bare steel</u>	Y-or-N	4	AN	<u>Construction material and/or corrosion protection of underground piping.</u>
464-2	<u>Piping Material and Corrosion Protection (Underground) = stainless steel</u>	Y-or-N	4	AN	<u>Construction material and/or corrosion protection of underground piping.</u>
464-3	<u>Piping Material and Corrosion Protection (Underground) = plastic compatible with contents</u>	Y-or-N	4	AN	<u>Construction material and/or corrosion protection of underground piping.</u>
464-4	<u>Piping Material and Corrosion Protection (Underground) = fiberglass</u>	Y-or-N	4	AN	<u>Construction material and/or corrosion protection of underground piping.</u>
464-5	<u>Piping Material and Corrosion Protection (Underground) = steel w/ coating</u>	Y-or-N	4	AN	<u>Construction material and/or corrosion protection of underground piping.</u>
464-6	<u>Piping Material and Corrosion Protection (Underground) = frp compatible w/ 100% methanol</u>	Y-or-N	4	AN	<u>Construction material and/or corrosion protection of underground piping.</u>
464-7	<u>Piping Material and Corrosion Protection (Underground) = galvanized steel</u>	Y-or-N	4	AN	<u>Construction material and/or corrosion protection of underground piping.</u>

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B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
464-8	Piping Material and Corrosion Protection (Underground) = flexible (HDPE—high density polyethylene)	Y or N	4	AN	Construction material and/or corrosion protection of underground piping.
464-9	Piping Material and Corrosion Protection (Underground) = cathodic protection	Y or N	4	AN	Construction material and/or corrosion protection of underground piping.
464-95	Piping Material and Corrosion Protection (Underground) = unknown	Y or N	4	AN	Construction material and/or corrosion protection of underground piping.
464-99	Piping Material and Corrosion Protection (Underground) = other	Y or N	4	AN	Construction material and/or corrosion protection of underground piping.
465-1	Piping Material and Corrosion Protection (Aboveground) = bare steel	Y or N	4	AN	Construction material and/or corrosion protection of aboveground piping.
465-2	Piping Material and Corrosion Protection (Aboveground) = stainless steel	Y or N	4	AN	Construction material and/or corrosion protection of aboveground piping.
465-3	Piping Material and Corrosion Protection (Aboveground) = plastic compatible with contents	Y or N	4	AN	Construction material and/or corrosion protection of aboveground piping.
465-4	Piping Material and Corrosion Protection (Aboveground) = fiberglass	Y or N	4	AN	Construction material and/or corrosion protection of aboveground piping.
465-5	Piping Material and Corrosion Protection (Aboveground) = steel w/ coating	Y or N	4	AN	Construction material and/or corrosion protection of aboveground piping.
465-6	Piping Material and Corrosion Protection (Aboveground) = frp compatible w/ 100% methanol	Y or N	4	AN	Construction material and/or corrosion protection of aboveground piping.
465-7	Piping Material and Corrosion Protection (Aboveground) = galvanized steel	Y or N	4	AN	Construction material and/or corrosion protection of aboveground piping.
	Piping Material and				Construction material and/or corrosion protection of

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ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
465-8	Corrosion Protection (Aboveground) = flexible (HDPE—high density polyethylene)	Y-or-N	4	AN	aboveground-piping.
465-9	Piping Material and Corrosion Protection (Aboveground) = cathodic protection	Y-or-N	4	AN	Construction material and/or corrosion protection of aboveground-piping.
465-95	Piping Material and Corrosion Protection (Aboveground) = unknown	Y-or-N	4	AN	Construction material and/or corrosion protection of aboveground-piping.
465-99	Piping Material and Corrosion Protection (Aboveground) = other	Y-or-N	4	AN	Construction material and/or corrosion protection of aboveground-piping.
466-1	Piping Leak Detection (Underground—single wall) = electronic line leak detector + auto shutoff + alarms	Y-or-N	4	AN	Leak detection system used to comply with monitoring requirements for underground-piping.
466-2	Piping Leak Detection (Underground—single wall) = monthly 0.2 gph test	Y-or-N	4	AN	Leak detection system used to comply with monitoring requirements for underground-piping.
466-3	Piping Leak Detection (Underground—single wall) = annual integrity test	Y-or-N	4	AN	Leak detection system used to comply with monitoring requirements for underground-piping.
466-5	Piping Leak Detection (Underground—single wall) = daily visual monitoring + triennial integrity test	Y-or-N	4	AN	Leak detection system used to comply with monitoring requirements for underground-piping.
466-7	Piping Leak Detection (Underground—single wall) = self-monitoring	Y-or-N	4	AN	Leak detection system used to comply with monitoring requirements for underground-piping.
466-9	Piping Leak Detection (Underground—single wall) = biennial integrity test	Y-or-N	4	AN	Leak detection system used to comply with monitoring requirements for underground-piping.
466-10a	Piping Leak Detection	Y-or-N	4	AN	Leak detection system used to comply with monitoring requirements for underground-piping.

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B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	(Underground— secondarily contained)—sump sensor + alarms + auto shutoff for leaks				
466-10b	Piping-Leak Detection (Underground— secondarily contained)—sump sensor + alarms + auto shutoff for leaks, failure, and disconnect	Y or N	4	AN	Leak detection system used to comply with monitoring requirements for underground piping.
466-10c	Piping-Leak Detection (Underground— secondarily contained)—sump sensor + alarms + no auto shutoff	Y or N	4	AN	Leak detection system used to comply with monitoring requirements for underground piping.
466-11	Piping-Leak Detection (Underground— secondarily contained, pressure) —automatic leak detector + flow shutoff or restriction	Y or N	4	AN	Leak detection system used to comply with monitoring requirements for underground piping.
466-12	Piping-Leak Detection (Underground— secondarily contained)—annual integrity test	Y or N	4	AN	Leak detection system used to comply with monitoring requirements for underground piping.
466-13	Piping-Leak Detection (Underground— secondarily contained, suction/gravity)— sump sensor + alarms	Y or N	4	AN	Leak detection system used to comply with monitoring requirements for underground piping.
466-14	Piping-Leak Detection (Underground— emergency generators)—sump sensor without auto shutoff + alarms	Y or N	4	AN	Leak detection system used to comply with monitoring requirements for underground piping.
466-15	Piping-Leak Detection	Y or N	4	AN	Leak detection system used to comply with monitoring requirements for underground piping.

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III. UNDERGROUND STORAGE TANKS B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	(Underground-emergency generators) = automatic-leak detector-without-flow shutoff-or-restriction				
466-16	Piping-Leak Detection (Underground-emergency generators) = annual integrity test	Y-or-N	4	AN	Leak-detection-system-used-to-comply-with monitoring-requirements-for-underground-piping.
466-17	Piping-Leak Detection (Underground-emergency generators) = daily visual-check	Y-or-N	4	AN	Leak-detection-system-used-to-comply-with monitoring-requirements-for-underground-piping.
467-1	Piping-Leak Detection (Aboveground-single-wall) = electronic-line-leak detector + auto shutoff + alarms	Y-or-N	4	AN	Leak-detection-system-used-to-comply-with monitoring-requirements-for-aboveground-piping.
467-2	Piping-Leak Detection (Aboveground-single-wall) = monthly 0.2 gph test	Y-or-N	4	AN	Leak-detection-system-used-to-comply-with monitoring-requirements-for-aboveground-piping.
467-3	Piping-Leak Detection (Aboveground-single-wall) = annual integrity test	Y-or-N	4	AN	Leak-detection-system-used-to-comply-with monitoring-requirements-for-aboveground-piping.
467-4	Piping-Leak Detection (Aboveground-single-wall, pressure) = daily visual-check	Y-or-N	4	AN	Leak-detection-system-used-to-comply-with monitoring-requirements-for-aboveground-piping.
467-5	Piping-Leak Detection (Aboveground-single-wall, suction) = daily visual monitoring	Y-or-N	4	AN	Leak-detection-system-used-to-comply-with monitoring-requirements-for-aboveground-piping.
467-6	Piping-Leak Detection (Aboveground-single-wall) = triennial integrity test	Y-or-N	4	AN	Leak-detection-system-used-to-comply-with monitoring-requirements-for-aboveground-piping.

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III. UNDERGROUND STORAGE TANKS					
B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
467-7	Piping-Leak Detection (Aboveground—single-wall)—self monitoring	Y-or-N	4	AN	Leak-detection-system-used-to-comply-with monitoring-requirements-for-aboveground-piping.
467-8	Piping-Leak Detection (Aboveground—single-wall, gravity)—daily-visual monitoring	Y-or-N	4	AN	Leak-detection-system-used-to-comply-with monitoring-requirements-for-aboveground-piping.
467-9	Piping-Leak Detection (Aboveground—single-wall)—biennial integrity test	Y-or-N	4	AN	Leak-detection-system-used-to-comply-with monitoring-requirements-for-aboveground-piping.
467-10a	Piping-Leak Detection (Aboveground—secondarily contained)—sump sensor + alarms + auto-shutoff for leaks	Y-or-N	4	AN	Leak-detection-system-used-to-comply-with monitoring-requirements-for-aboveground-piping.
467-10b	Piping-Leak Detection (Aboveground—secondarily contained)—sump sensor + alarms + auto-shutoff for leaks, failure and disconnect	Y-or-N	4	AN	Leak-detection-system-used-to-comply-with monitoring-requirements-for-aboveground-piping.
467-10c	Piping-Leak Detection (Aboveground—secondarily contained, pressure)—sump-sensor + alarms + no-auto shutoff	Y-or-N	4	AN	Leak-detection-system-used-to-comply-with monitoring-requirements-for-aboveground-piping.
467-11	Piping-Leak Detection (Aboveground—secondarily contained)—automatic leak detector	Y-or-N	4	AN	Leak-detection-system-used-to-comply-with monitoring-requirements-for-aboveground-piping.
467-12	Piping-Leak Detection (Aboveground—secondarily	Y-or-N	4	AN	Leak-detection-system-used-to-comply-with monitoring-requirements-for-aboveground-piping.

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III. UNDERGROUND STORAGE TANKS					
B. UST Operating Permit Application Tank Information Pages 1 and 2					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	contained) = annual integrity test				
467-13	Piping-Leak Detection (Aboveground- secondarily contained, suction/gravity) = sump-sensor + alarms	Y-or-N	4	AN	Leak-detection-system-used-to-comply-with monitoring-requirements-for-aboveground-piping.
467-14	Piping-Leak Detection (Aboveground- emergency generators) = sump sensor-without-auto shutoff + alarms	Y-or-N	4	AN	Leak-detection-system-used-to-comply-with monitoring-requirements-for-aboveground-piping.
467-15	Piping-Leak Detection (Aboveground- emergency generators) = automatic-leak detector	Y-or-N	4	AN	Leak-detection-system-used-to-comply-with monitoring-requirements-for-aboveground-piping.
467-16	Piping-Leak Detection (Aboveground- emergency generators) = annual integrity-test	Y-or-N	4	AN	Leak-detection-system-used-to-comply-with monitoring-requirements-for-aboveground-piping.
467-17	Piping-Leak Detection (Aboveground- emergency generators) = daily visual-check	Y-or-N	4	AN	Leak-detection-system-used-to-comply-with monitoring-requirements-for-aboveground-piping.
468	Date-Dispenser Containment-Installed	YYYYMMDD	8	N	Date-dispenser-containment-installed.
469	Dispenser Containment-Type	1 = float-mechanism 2 = sensor + alarms 3 = sensor + auto-shutoff + alarms 4 = daily-visual-check 5 = trench-liner / monitoring 6 = none	4	AN	Type-of-dispenser-containment.
469a	Under Dispenser Containment Construction Type	01 = Single-walled 02 = Double-walled 03 = No Dispensers	2	AN	Type of Construction of the under dispenser containment sump(s) / pan(s).
469b	Under Dispenser Containment (UDC)	01 = steel 04 = fiberglass	2	AN	Construction material of the under dispenser

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ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
	<u>Construction Material</u>	10 = rigid plastic 15 = concrete 90 = none 99 = other			<u>containment sump(s) / pan(s).</u>
<u>469c</u>	<u>Specify Other</u>	<u>Narrative</u>	<u>15</u>	<u>AN</u>	<u>Specify other UDC construction material.</u>
470	Date Certified (Tank Unit)	YYYYMMDD-DDMMYYY	8	D	Date the document was signed.
471	Applicant Owner/ Operator-Name (Tank Unit)		35	AN	Name of signatory. The applicant certifies to a belief that all the information submitted is accurate and complete. The applicant may be the Owner/Operator or officially designated representative.
472	Applicant Owner/ Operator-Title (Tank Unit)		35	AN	Title of person signing the page.
<u>473</u>	<u>Permit Number</u>		<u>9</u>	<u>AN</u>	<u>For local use only. Permit number.</u>
<u>474</u>	<u>Permit Approved By</u>		<u>35</u>	<u>AN</u>	<u>For local use only. Name of person approving permit.</u>
<u>475</u>	<u>Permit Expiration Date</u>	YYYYMMDD	<u>8</u>	<u>D</u>	<u>For local use only. Date of permit expiration.</u>

III. UNDERGROUND STORAGE TANKS C. UST Certification of Installation / Modification - Certificate of Compliance Page					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to permit cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
<u>103</u>	<u>Business Site Address</u>	<u>Postal standard:</u> <u>2 lines, 35 characters</u>	<u>70</u>	<u>AN</u>	<u>Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.</u>
435	Address (For local use only)	Postal standard: 2 lines, 35 characters	70	AN	Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
<u>104</u>	City (Business)	Postal standard	20	AN	City or unincorporated area in which business site

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ID	ELEMENT	EDIT CRITERIA/ CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
					is located.
477	Tank ID # (Tank Installation)		6	AN	Owner's tank ID#, if there is a tank number used by owner to identify the tank. Unique identifier of tank at site. Same as data element # 432.
478	Trained and Certified by Tank and Piping Manufacturer	Y or N	4	AN	Indicates whether installer was trained and certified by tank and piping manufacturer.
479	Registered Engineer	Y or N	4	AN	Indicates whether installation was certified by registered professional engineer.
480	Unified Program Agency Approval	Y or N	15	AN	Indicates whether installation was approved by the Unified Program Agency.
481	Completion of Manufacturer's Checklist	Y or N	4	AN	Indicates whether work on manufacturer's installation checklist was completed.
482	Contractors State License Board Certification or License	Y or N	4	AN	Indicates whether contractor has been certified or licensed by the Contractors State License Board.
482a	Name of Contractor Who Performed Installation/Modification		20	AN	Name of contractor.
482b	Contractors License Number		20	AN	Contractors License Number who performed the work.
482c	ICC Cert. #		10	AN	Contractors ICC Certification Number.
483	Voluntary Consensus Standards and manufacturers installation procedures	Y or N	4	AN	Indicates whether the components were installed according to voluntary consensus standards and manufacturers procedures.
483a	Type of Project	01 = Tank Installation or Replacement 02 = Piping Installation or Replacement 03 = Sump Installation or Replacement 04 = Under Dispenser containment Installation or Replacement 05 = Other	2	AN	Description of type of installation.

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ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION/DESCRIPTION
483b	Work Authorized under Permit (Number or Date)		10	AN	Indicates permit number or date of permit authorizing the work being certified.
483c	Description of work being certified.	Narrative	300	AN	Description of installation or modification.
484	Date Certified (Tank Installation)	YYYYMMDD-DDMMYYYY	8	D	Date tank installation certification was signed.
485	Certifier's Tank Owner/Agent Name (Tank Installation)		35	AN	Name of tank owner/agent, or officially designated representative of the owner/agent. The signer certifies to a belief that all the information submitted is accurate and complete.
486	Certifier's Tank Owner/Agent Title (Tank Installation)		35	AN	Title of person signing the page.
487	Phone number	Area code + 7 digit phone number + extension	15	AN	Phone number of applicant (person certifying).
436	Name of Certifier's Employer		35	AN	Name of employer of person signing the page.
489	Certifier's Relationship to Tank Owner	01 = tank owner 02 = tank operator 03 = contractor 04 = property owner 05 = other authorized agent of tank owner.	2	AN	Relationship of person signing the page to the UST owner.

III. UNDERGROUND STORAGE TANK D. UST Monitoring Plan					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION/DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to permit cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
103	Business Site Address	Postal standard: 2 lines, 35 characters	70	AN	Street address where facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104	City (Business)	Postal standard	20	AN	City or unincorporated area in which business site is located.
MO1	Type of Action	01 = New plan 02 = Change of information	2	AN	Reason page is being submitted.
MO2	Plan Type		25	AN	Describes the tanks the plan is for.

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M03a	<u>Monitoring Equipment is serviced.</u>	01 = Annually 99 = Other	2	AN	<u>Describes frequency of service performed on monitoring equipment.</u>
M03-b	<u>Specify other frequency for monitoring equipment service.</u>	<u>Narrative</u>	15	AN	<u>Describes other frequency of service performed on monitoring equipment.</u>
M04	<u>Site Plot Plan Submitted</u>	Y or N	1		<u>Indicates if a site plan is submitted with this plan.</u>
M05	<u>Continuous tank monitoring;</u>	Y or N	1		<u>Indicates if continuous tank monitoring is used at the site.</u>
M06	<u>Tank Secondary Containment System</u>	01 = Dry 02 = Liquid Filled 03 = Pressurized 04 = Vacuum	2	AN	<u>Description of Tank secondary containment system.</u>
M07	<u>Electronic Monitor - Panel Manufacturer</u>		25	AN	<u>Name of electronic monitor panel manufacturer.</u>
M08	<u>Electronic Monitor Panel Model #</u>		10	AN	<u>Model number of electronic monitor panel.</u>
M09	<u>Leak Sensor Manufacturer</u>		20	AN	<u>Name of Leak Sensor Manufacturer.</u>
M10	<u>Leak Sensor Model #</u>		10	AN	<u>Model Number of Leak Sensor.</u>
M11	<u>Automatic Tank Gauging</u>	Y or N	1	AN	<u>Indicates if this type of monitoring is being performed at the site.</u>
M12	<u>ATG Panel Manufacturer</u>		25	AN	<u>Name of ATG Panel Manufacturer</u>
M13	<u>ATG Model #</u>		25	AN	<u>Model of ATG Panel.</u>
M14	<u>In-Tank Probe Manufacturer</u>		25	AN	<u>Name of ATG Probe manufacturer.</u>
M15	<u>In-tank Probe Model #</u>		25	AN	<u>Model of ATG Probe.</u>
M16	<u>Tank Leak Test Frequency</u>	01 = Continuous 02 = Daily/Nightly 03 = Weekly 04 = Monthly 99 = Other	2	AN	<u>Frequency of Tank Leak Test.</u>
M17	<u>Specify Other Leak Test Frequency</u>	<u>Narrative</u>	10	AN	<u>Other Frequency of Tank Leak Test.</u>
M18	<u>Programmed Tank Tests</u>	01 = .01 gph 02 = .2 gph 99 = Other	2	AN	<u>Sensitivity of the programmed leak tests.</u>
M19	<u>Other Programmed Tests.</u>	<u>Narrative</u>	15	AN	<u>Other designated sensitivity of programmed leak test.</u>
M20	<u>Monthly Statistical Inventory Reconciliation</u>	Y or N	1		<u>Indicates if inventory reconciliation is being performed at the site.</u>
M21	<u>Weekly Manual Tank Gauge</u>	Y or N	1		<u>Indicates if Weekly Manual Tank Gauging if being performed at this site.</u>
M22	<u>Tank gauging Test Period</u>	01 = 36 hours 02 = 60 hours	1		<u>Length of time for Manual Tank Gauging period.</u>
M23	<u>Tank Integrity testing</u>	Y or N	1		<u>Indicates if Tank Integrity testing is performed at the site.</u>

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M24	<u>Tank integrity Testing Frequency</u>	01 = Annually 02 = Biennially 99 = Other	1		<u>Frequency of Tank Integrity Testing</u>
M25	<u>Specify Other Tank Integrity Testing Frequency</u>	Narrative	15	AN	<u>Frequency of "Other" Tank Integrity Testing.</u>
M26	<u>Other Monitoring</u>	Y or N	1		<u>Indicates if another type of monitoring is used at the site, not already indicated.</u>
M27	<u>Specify other Monitoring.</u>	Narrative	25	AN	<u>Specifies the "other" type of monitoring.</u>
M28	<u>Continuous monitoring of piping secondary containment</u>	Y or N	1	AN	<u>Indicates if continuous monitoring of the piping secondary containment occurs at the site.</u>
M29	<u>Piping Secondary Containment</u>	01 = Dry 02 = Liquid-filled 03 = Pressurized 04 = Vacuum	1	AN	<u>Type of piping secondary containment</u>
M30	<u>Panel Manufacturer</u>	Narrative	25	AN	<u>Name of panel manufacturer.</u>
M31	<u>Panel Model #</u>		15	AN	<u>Model number of panel</u>
M32	<u>Leak Sensor Manufacturer</u>	Narrative	25	AN	<u>Name of Leak Sensor manufacturer.</u>
M33	<u>Leak Sensor Model</u>		15	AN	<u>Model of Leak Sensor</u>
M34	<u>Leak Alarm Triggers Automatic Pump Shutdown</u>	Y or N	1	AN	<u>Indicates pump shutdown when a leak alarm occurs.</u>
M35	<u>Failure/Disconnect Triggers Pump Shutdown</u>	Y or N	1	AN	<u>Indicates pump shutdown when failure or disconnect occurs.</u>
M36	<u>Pipeline Mechanical Line Leak Detector Performs 3 gph leak test.</u>	Y or N	1	AN	<u>Indicates that a 3gph line mechanical line leak detector is used at the site.</u>
M37	<u>MLLD Manufacturer</u>	Narrative	25	AN	<u>Name of leak detector manufacturer.</u>
M38	<u>MLLD Model</u>		15	AN	<u>Model of leak detector.</u>
M39	<u>Pipeline Electronic Line Leak Detector performs 3 gph Leak Test</u>	Y or N	1	AN	<u>Indicates that an electronic line leak detector (ELLD) is used at the site.</u>
M40	<u>ELLD Manufacturer</u>	Narrative	25	AN	<u>Manufacturer of ELLD</u>
M41	<u>ELLD Model</u>		15	AN	<u>Model of ELLD.</u>
M42	<u>ELLD Programmed in-line testing</u>	01 = .2 gph 02 = .1 gph	1	AN	<u>Type of ELLD Test performed.</u>

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M43	ELLD Triggers Automatic Pump Shutdown	Y or N	1	AN	Indicates if ELLD triggers automatic pump shutdown.
M44	ELLD Failure/Disconnect triggers Automatic Shutdown.	Y or N	1	AN	Indicates if ELLD triggers auto-shutdown for failure or disconnection.
M45	Pipeline Integrity Testing	Y or N	1	AN	Indicates if pipeline integrity testing occurs at the site.
M46	Pipeline Integrity Testing Frequency	01 = Annually 02 = Every 3 Years 03 = Other	2	AN	Frequency of pipeline integrity testing.
M47	Specify Other Integrity Testing Frequency		10	AN	Other frequency of pipeline integrity testing.
M48	Visual Pipeline Monitoring	Y or N	1	AN	Indicates if visual pipeline monitoring occurs at the site.
M49	Visual Pipeline Monitoring Frequency	01 = Daily 02 = Weekly 03 = Minimum Monthly	2	AN	Frequency of visual pipeline monitoring.
M50	Suction Piping Meets Exemption Criteria	Y or N	1	AN	Indicates if suction piping that meets the criteria is the method to monitor the pipeline.
M51	Remote Fill Piping is connected to the UST	Y or N	1	AN	Indicates that there are no product or remote fill pipelines.
52	Other Pipeline Monitoring	Y or N	1	AN	Indicates if other pipeline monitoring option used at site.
M53	Specify Other Monitoring	Narrative	25	AN	Identifies other monitoring option.
M54	Electronic UDC Monitoring	Y or N	1	AN	Indicates continuous electronic monitoring of UDC.
M55	Panel Manufacturer	Narrative	15	AN	Manufacturer of Panel.
M56	Model # of Panel		15	AN	Model # of Panel.
M57	Leak Sensor Manufacturer	Narrative	15	AN	Manufacturer of Leak Sensor.
M58	Model of Leak Sensor		15	AN	Model # of Leak Sensor
M59	A leak in the UDC causes audible and visual alarms.	Y or N	1	AN	Indicates if alarms are triggered when a leak is detected in the UDC.
M60	A UDC leak alarm causes automatic pump shutdown.	Y or N	1	AN	Indicates if leak alarm causes automatic pump shutdown.
M61	Failure/Disconnection of UDC monitoring system shuts down pump.	Y or N	1	AN	Indicates if failure or disconnection of the monitoring system causes pump shutdown.
M62	Mechanical Continuous UDC Monitoring	Y or N	1	AN	Indicates mechanical method (float and chain assembly) method of UDC monitoring.
M63	Manufacturer of Mechanical Mechanism		15	AN	Manufacturer of mechanism.
M64	Model of Mechanical UDC		15	AN	Model of the mechanism..

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<u>M65a</u>	<u>UDC Secondary Containment</u>	<u>01 = Liquid filled</u> <u>02 = Pressurized</u> <u>03 = Vacuum</u> <u>04 = NA</u>	<u>1</u>	<u>AN</u>	<u>UDC Type of Secondary Containment.</u>
<u>M65b</u>	<u>A Leak Within the Secondary Containment of the UDS causes audible and visual alarms.</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates that a leak in the UDC secondary containment causes audible and visual alarms.</u>
<u>M66</u>	<u>No Dispensers</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates if there are no dispensers in the system.</u>
<u>M67</u>	<u>Other UDC Monitoring</u>	<u>Y or N</u>			<u>Indicates if other type of UDC monitoring occurs.</u>
<u>M68</u>	<u>Specify other UDC monitoring.</u>	<u>Narrative</u>	<u>15</u>	<u>AN</u>	<u>Describes other type of UDC monitoring.</u>
<u>M69</u>	<u>ELD Testing</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates if tanks are ELD tested on a periodic basis.</u>
<u>M70</u>	<u>Secondary Containment Testing</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates if secondary containment testing is conducted every 36 months.</u>
<u>M71</u>	<u>Spill bucket testing</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates if spill bucket testing is conducted annually.</u>
<u>M72a</u>	<u>Alarm Logs</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates that Alarm log records are kept for the facility.</u>
<u>M72 b</u>	<u>Visual Inspection Records</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates that Visual Inspection Records are kept for the facility.</u>
<u>M72c</u>	<u>Tank Integrity Testing Results</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates that Tank Integrity Testing Results are kept for the facility.</u>
<u>M72d</u>	<u>SIR testing results</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates that SIR testing results and supporting documentation records are kept for the facility.</u>
<u>M72e</u>	<u>Tank Gauging results</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates that Tank Gauging results and supporting documentation records are kept for the facility.</u>
<u>M72f</u>	<u>ATG Testing Results</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates that ATG Testing Results and supporting documentation records are kept for the facility.</u>
<u>M72g</u>	<u>Corrosion Protection Logs</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates that Corrosion Protection Logs are kept for the facility.</u>
<u>M72h</u>	<u>Equipment maintenance and calibration records</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates that Equipment maintenance and calibration records are kept for the facility.</u>
<u>M73a</u>	<u>Personnel with UST monitoring responsibilities are familiar with training documents</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates that personnel within the facility is familiar with the indicated documents.</u>
<u>M73b</u>	<u>UST monitoring plan</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates that facility personnel is familiar with the UST monitoring plan for the facility.</u>
<u>M73c</u>	<u>Operating manuals</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates that facility personnel is familiar with the UST operating manuals for the facility.</u>
<u>M73d</u>	<u>CA UST Regulations</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates that facility personnel is familiar with the CA UST Regulations.</u>
<u>M73e</u>	<u>CA UST Law</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates that facility personnel is familiar with the CA UST Law.</u>
<u>M73f</u>	<u>SWRCB Handbook for Tank Owners-Manual and SIR</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates that facility personnel is familiar with the SWRCB Handbook for Tank Owners-Manual and SIR.</u>
<u>M73g</u>	<u>SWRCB Publication: Automatic Tank Gauging</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates that facility personnel is familiar with the SWRCB Publication: Automatic Tank Gauging.</u>

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<u>M73h</u>	<u>Other</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates that another training documents are used.</u>
<u>M73i</u>	<u>Specify Other</u>	<u>Narrative</u>	<u>30</u>	<u>AN</u>	<u>Other Training documents are listed.</u>
<u>M74</u>	<u>Designated Operator Training</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Indicates that the facility has a designated operator and that training will provided.</u>
<u>M75</u>	<u>Comments and Additional Information</u>	<u>Narrative</u>	<u>150</u>	<u>AN</u>	<u>Additional information to support the application for an operating permit.</u>
<u>M76</u>	<u>Name of first person having responsibility</u>		<u>25</u>	<u>AN</u>	<u>Name of first person having responsibility for monitoring.</u>
<u>M77</u>	<u>Title of first person having responsibility</u>		<u>25</u>	<u>AN</u>	<u>Title of first person having responsibility for monitoring.</u>
<u>M78</u>	<u>Name of second person having responsibility</u>		<u>25</u>		<u>Name of second person having responsibility for monitoring.</u>
<u>M79</u>	<u>Title of second person having responsibility</u>		<u>25</u>	<u>AN</u>	<u>Title of second person having responsibility for monitoring.</u>
<u>M80</u>	<u>Designation of signature</u>	<u>01 = Owner 02 = Operator</u>	<u>2</u>	<u>AN</u>	<u>Indicates who signed the monitoring plan.</u>
<u>M81</u>	<u>Date</u>	<u>MMDDYYYY</u>	<u>8</u>	<u>AN</u>	<u>Date Monitoring Plan is certified.</u>
<u>M82</u>	<u>Name of Owner or Operator</u>		<u>25</u>	<u>AN</u>	<u>Name of Owner or Operator signing monitoring plan.</u>
<u>M83</u>	<u>Owner/Operator Title</u>		<u>25</u>	<u>AN</u>	<u>Title of Owner or Operator signing monitoring plan.</u>

Chapter 4 – Hazardous Waste

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Amend Title 27, division 3, subdivision 1, chapter 4, C., Information Description -- Permit by Rule (PBR) Waste and Treatment Process Combinations, to read as follows:

INFORMATION DESCRIPTION -- Permit by Rule (PBR) Waste and Treatment Process Combinations. These are all of the eligible waste streams and treatment processes that are available within the tier. NOTE: PBR codes are the same as CESQT, except that items 630-14a through 630-17 cannot be treated under CESQT.

IV. HAZARDOUS WASTE C. Onsite Tiered Permitting - Waste and Treatment Process Combinations					
ID	ELEMENT	EDIT CRITERIA/ CODE	LENGTH	TYPE	INFORMATION DESCRIPTION
606	Unit ID Number		18	AN	Unique identification number for unit. The units can be numbered sequentially or by any other system as long as the numbers are not repeated or duplicated.
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to permit cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
INFORMATION DESCRIPTION - Permit by Rule (PBR) Waste and Treatment Process Combinations. These are all of the eligible waste streams and treatment processes that are available within the tier. NOTE: PBR codes are the same as CESQT.					
ID	ELEMENT	EDIT CRITERIA/ CODE	LENGTH	TYPE	
630-1a	Aqueous Waste - Hexavalent Chromium Reduction	Y or N	1	AN	
630-2a	Aqueous Waste w/Metals - pH Adjustment / Neutralization	Y or N	1	AN	
630-2b	Aqueous Waste w/Metals - Precipitation or Crystallization	Y or N	1	AN	
630-2c	Aqueous Waste w/Metals - Phase Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN	
630-2d	Aqueous Waste w/Metals - Ion Exchange	Y or N	1	AN	
630-2e	Aqueous Waste w/Metals - Reverse Osmosis	Y or N	1	AN	
630-2f	Aqueous Waste w/Metals - Metallic Replacement	Y or N	1	AN	
630-2g	Aqueous Waste w/Metals - Plating onto an Electrode	Y or N	1	AN	
630-2h	Aqueous Waste w/Metals - Electrodialysis	Y or N	1	AN	
630-2i	Aqueous Waste w/Metals - Electrowinning or Electrolytic Recovery	Y or N	1	AN	
630-2j	Aqueous Waste w/Metals - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN	
630-2k	Aqueous Waste w/Metals - Evaporation	Y or N	1	AN	
630-2l	Aqueous Waste w/Metals - Adsorption	Y or N	1	AN	
630-3a	Aqueous Waste w/Organics (<10% Organic and <1% Volatiles) - Phase Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN	

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630-3b	Aqueous Waste w/Organics (<10% Organic and <1% Volatiles) - Adsorption	Y or N	1	AN
630-3c	Aqueous Waste w/Organics (<10% Organic and <1% Volatiles) - Distillation	Y or N	1	AN
630-3d	Aqueous Waste w/Organics (<10% Organic and <1% Volatiles) - Biological Process Using Microorganisms	Y or N	1	AN
630-3e	Aqueous Waste w/Organics (<10% Organic and <1% Volatiles) - Photodegradation in Enclosed System	Y or N	1	AN
630-3f	Aqueous Waste w/Organics (<1% Volatiles) - Air Stripping or Steam Stripping	Y or N	1	AN

IV - HAZARDOUS WASTE C - Onsite Tiered Permitting - Waste and Treatment Process Combinations				
INFORMATION DESCRIPTION - Permit by Rule (PBR) Waste and Treatment Process Combinations. These are all of the eligible waste streams and treatment processes that are available within the tier. NOTE: PBR codes are the same as CESOT.				
ID	ELEMENT	EDIT CRITERIA / CODE	LENGTH	TYPE
630-4a	Sludges, Dusts, Solids w/Metal(s) - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN
630-4b	Sludges, Dusts, Solids w/Metal(s) - Grind, Shred, Crush, or Compact	Y or N	1	AN
630-4c	Sludges, Dusts, Solids w/Metal(s) - Drying to Remove Water	Y or N	1	AN
630-4d	Sludges, Dusts, Solids w/Metal(s) - Separation by Size, Magnetism, or Density	Y or N	1	AN
630-5a	Sludges w/Alum, Gypsum, Lime, Sulfur, or Phosphate - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN
630-5b	Sludges w/Alum, Gypsum, Lime, Sulfur, or Phosphate - Drying to Remove Water	Y or N	1	AN
630-5c	Sludges w/Alum, Gypsum, Lime, Sulfur, or Phosphate - Phase Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-6a	Special Waste (Sec. 66261.120) - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN
630-6b	Special Waste (Sec. 66261.120) - Drying to Remove Water	Y or N	1	AN
630-6c	Special Waste (Sec. 66261.120) - Phase Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-6d	Special Waste (Sec. 66261.120) - Screening Based on Size	Y or N	1	AN
630-6e	Special Waste (Sec. 66261.120) - Separation by Size, Magnetism, or Density	Y or N	1	AN
630-7a	Special Waste (Sec. 66261.124) - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN
630-7b	Special Waste (Sec. 66261.124) - Drying to Remove Water	Y or N	1	AN
630-7c	Special Waste (Sec. 66261.124) - Phase Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-7d	Special Waste (Sec. 66261.124) - Magnetic Separation	Y or N	1	AN
630-8a	Inorganic Acid/Alkaline Waste - pH Adjustment / Neutralization	Y or N	1	AN

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630-9a	Soils w/Metal(s) - Chemical Stabilization Using Silicates or Cementitious Reactions	Y or N	1	AN
630-9b	Soils w/Metal(s) - Separation by Size	Y or N	1	AN
630-9c	Soils w/Metal(s) - Magnetic Separation	Y or N	1	AN
630-10a	Used Oil, Mixed Oil, Oily Water, Oil/W Sludges - Separation by Filter, Centrifuge, or Gravity Settling	Y or N	1	AN
630-10b	Used Oil, Mixed Oil, Oily Water, O/W Sludges - Distillation	Y or N	1	AN
630-10c	Used Oil, Mixed Oil, Oily Water, O/W Sludges - Neutralization	Y or N	1	AN

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IV. HAZARDOUS WASTE C. Onsite Tiered Permitting - Waste and Treatment Process Combinations				
INFORMATION DESCRIPTION - Permit by Rule (PBR) Waste and Treatment Process Combinations. These are all of the eligible waste streams and treatment processes that are available within the tier. NOTE: PBR codes are the same as CESOT.				
ID	ELEMENT	EDIT CRITERIA / CODE	LENGTH / H	TYPE
630-10d	Used Oil, Mixed Oil, Oily Water, O/W Sludges - Separation by Size, Magnetism, or Density	Y or N	1	AN
630-10e	Used Oil, Mixed Oil, Oily Water, O/W Sludges - Reverse Osmosis	Y or N	1	AN
630-10f	Used Oil, Mixed Oil, Oily Water, O/W Sludges - Biological Process Using Microorganisms	Y or N	1	AN
630-11a	Containers (< 110 Gallons) or Liners - Rinsing with Liquid	Y or N	1	AN
630-11b	Containers (< 110 Gallons) or Liners - Crush, Shred, Grind, or Puncture	Y or N	1	AN
630-12a	Multi-component Resins - Mixing per Manufacturer's Instructions	Y or N	1	AN
630-13	Wastestream & Treatment Technology Combination Certified by DTSC per HSC 25200.1.5	Valid Certified Technology Number	10	AN
630-14a	Cyanide Rinsewater, Cyanide Destruction - Oxidation by Addition of Hypochlorite	Y or N	1	AN
630-14b	Cyanide Rinsewater, Cyanide Destruction - Oxidation by Addition of Peroxide or Ozone, with or without Ultraviolet Light	Y or N	1	AN
630-14c	Cyanide Rinsewater, Cyanide Destruction - Alkaline Chlorination	Y or N	1	AN
630-14d	Cyanide Rinsewater, Cyanide Destruction - Electrochemical Oxidation	Y or N	1	AN
630-14e	Cyanide Rinsewater, Cyanide Removal - Ion Exchange	Y or N	1	AN
630-15a	Demineralizer Regenerate with Cyanides, Cyanide Destruction - Oxidation by Addition of Hypochlorite	Y or N	1	AN
630-15b	Demineralizer Regenerate with Cyanides, Cyanide Destruction - Oxidation by Addition of Peroxide or Ozone, with or without Ultraviolet Light	Y or N	1	AN
630-15c	Demineralizer Regenerate with Cyanides, Cyanide Destruction - Alkaline Chlorination	Y or N	1	AN

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<u>630-15d</u>	<u>Demineralizer Regenerate with Cyanides, Cyanide Destruction - Electrochemical Oxidation</u>	<u>Y or N</u>	1	<u>AN</u>
<u>630-15e</u>	<u>Demineralizer Regenerate with Cyanides, Cyanide Removal - Ion Exchange</u>	<u>Y or N</u>	1	<u>AN</u>
<u>630-16a</u>	<u>Transfer Equipment Rinsate with Cyanides, Cyanide Destruction – Oxidation by Addition of Hypochlorite</u>	<u>Y or N</u>	1	<u>AN</u>
<u>630-16b</u>	<u>Transfer Equipment Rinsate with Cyanides, Cyanide Destruction – Oxidation by Addition of Peroxide or Ozone, with or without Ultraviolet Light</u>	<u>Y or N</u>	1	<u>AN</u>
<u>630-16c</u>	<u>Transfer Equipment Rinsate with Cyanides, Cyanide Destruction – Alkaline Chlorination</u>	<u>Y or N</u>	1	<u>AN</u>
<u>630-16d</u>	<u>Transfer Equipment Rinsate with Cyanides, Cyanide Destruction – Electrochemical Oxidation</u>	<u>Y or N</u>	1	<u>AN</u>
<u>630-16e</u>	<u>Transfer Equipment Rinsate with Cyanides, Cyanide Removal – Ion Exchange</u>	<u>Y or N</u>	1	<u>AN</u>
<u>630-18</u>	<u>Electrowinning Process Solutions with Cyanides, Metal Recovery</u>	<u>Y or N</u>	1	<u>AN</u>

**Chapter 5 – UP Information
Collection and Reporting Standards
Unified Program Data Dictionary**

**Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary
Changes
Draft Text**

California Environmental Protection Agency Reference Number: U-2007-01

Amend Title 27, division 3, subdivision 1, chapter 5. UP Information Collection and Reporting Standards Unified Program Data Dictionary - CUPA Section, to read as follows:

1. COMPLIANCE ACTIVITY INFORMATION					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
2	EPA ID Number	12 digit identifier beginning with CA	12	AN	EPA identification number for businesses that generate, recycle, or treat hazardous waste. For facilities in California, the number should start with the letters CA. If the handler is regulated under Federal RCRA requirements, this ID must be the U.S. EPA identification number.
3	Business Name	Postal standard: 2 lines, 35 character	70	AN	Full legal name of business.
900	RCRA Large Quantity Generator (LQG) of Hazardous Waste	Y or N	1	AN	Indicates if facility generates 1000 kg of RCRA hazardous waste in a calendar month. Identification is based on the business' notification of LQG activity to U.S. EPA. If the designation is incorrect, the CUPA cannot change the designation unless the business notifies U.S. EPA.
901	Generator of Solely California Hazardous Waste	Y or N	1	AN	Indicates if facility generates solely California hazardous waste and does not generate any RCRA waste.
902	CalARP Program: Stationary Source	Y or N	1	AN	Indicates if facility is a stationary source as defined by the CalARP program.
903	CalARP Program: Multiple Stationary Sources	Y or N	1	AN	Indicates if business operates multiple locations in this CUPA jurisdiction that are stationary sources as defined by the CalARP program.
904	CalARP Program: RMP Waiver Determination	Y or N	1	AN	Indicates if the CUPA has waived the requirement for a Risk Management Plan for this stationary source (a RMP waiver).

2. INSPECTION INFORMATION (one record for each facility for each program element and inspection date)					
ID	ELEMENT	EDIT CRITERIA / CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
905	Program Element	a = Hazardous Materials Release Response Plans (HMRRP) b = California Accidental Release Prevention (CalARP)	1	AN	Program elements inspected. For Tiered Permitting options enter the highest tier.

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		c = Underground Storage Tank (UST) d = Spill Prevention Control and Countermeasures (SPCC) / Aboveground Storage Tank e = Hazardous Waste Generator f = Hazardous Waste RCRA Large Quantity Generator (RCRA LQG) (subset of Hazardous Waste Generator) g = Hazardous Waste Recycler h = Permit by Rule (PBR) i = Conditionally Authorized (CA) (only available if PBR is not used) j = Conditionally Exempt (CE) (only available if PBR and CA are not used) k = Household Hazardous Waste (HHW)			
906	Inspection Date	YYYYMMDD	8	D	Date of completion of inspection.
907a	Inspection Type = Routine Inspection	Y or N	4	AN	Indicates if inspection is routine. A routine inspection is a regularly scheduled inspection to evaluate compliance. Does not include follow-up inspections.
907b	Inspection Type = Other	Y or N	4	AN	Indicates if inspection is not a routine inspection. Other inspections include complaint investigations, closure, release investigations, tank installation and/or removal oversight, tank cleaning, and follow-up enforcement inspections, or other inspections that may be in addition to a regularly scheduled inspection. This includes verification inspections for owners/operators of aboveground storage tanks having to prepare a spill prevention control and countermeasure plan. It does not include regularly scheduled inspections, field or site visits whose principle purpose is informational or educational, pollution prevention education, or visits needed to verify administrative information or orient new owners or operators. A complaint inspection is a service request originating from any outside party, including the public, that initiates a site visit outside of the routine inspection cycle.
908	Inspection Type	a = Routine b = Other	1	AN	Indicates if inspection is routine or other. A routine inspection is a regularly scheduled inspection to evaluate compliance. Does not include follow-up inspections. Other inspections include complaint investigations, closure, release investigations, tank installation and/or removal oversight, tank cleaning, and follow-up enforcement inspections, or other inspections that may be in addition to a regularly scheduled inspection. This includes verification inspections for owners/operators of aboveground storage tanks having to prepare a spill prevention control and countermeasure plan. It does not include regularly scheduled inspections, field or site visits

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					whose principle purpose is informational or educational, pollution prevention education, or visits needed to verify administrative information or orient new owners or operators. A complaint inspection is a service request originating from any outside party, including the public, that initiates a site visit outside of the routine inspection cycle.
909	CalARP-Audit	Y-or-N	4	AN	Indicates if site visit is an audit of a CalARP Risk Management Plan for a stationary source.
909	Pct RTC 90		3	N	Percent (whole number) of routine inspections with Class I or Class II Violations that Returns to Compliance within 90 Days.
9100 9a	Inspection-Category= Single-Program	Y-or-N	4	AN	Indicates if inspection is a single-program inspection. Inspectors perform single-program inspections alone. If inspection is a single-program inspection, do not enter codes for any other inspection category.
909b	Inspection-Category= Combined-Routine Inspection	Y-or-N	4	AN	Indicates if inspection is a combined routine inspection. Combined routine inspections are regularly scheduled inspections to evaluate compliance conducted by one inspector for more than one program element. This does not include other inspections performed outside the routine inspection cycle.
909c	Inspection-Category= Joint-Inspection	Y-or-N	4	AN	Indicates if inspection is a joint inspection. Joint inspections may be routine or other inspections. Joint inspections are conducted by more than one inspector from different Unified Program agencies within a CUPA, for more than one program element.
909d	Inspection-Category= Integrated-or-Multi- media-Inspections	Y-or-N	4	AN	Indicates if inspection is integrated or multi-media. Integrated or multi-media inspections may be routine or other inspections. Integrated inspections are conducted by one or more inspectors for the Unified Program and other programs not in the Unified Program. Multi-media inspections are conducted by one or more inspectors for more than one medium, such as air, water, or soil.
910	Number of Class I Violations		2	N	For hazardous waste generators, number of Class I violations. A Class I violation means a deviation that represents a significant threat to human health or safety or the environment because of the volume of the waste material, the relative hazardousness of the waste material, or the proximity of the population at risk. The deviation must be significant enough that it could result in releases of hazardous waste or constituents material to the environment, hazardous waste material failing to be delivered to an authorized hazardous waste facility, failure to detect releases of hazardous waste or constituents material, inadequate financial resources in the case of releases of hazardous waste or constituents material, or inadequate financial resources to pay for facility closure, perform emergency cleanup operations or other corrective actions. A Class I violation is also a deviation that is a chronic violation or committed by a recalcitrant violator. A Class I violation is typically one that is <u>could be</u> referred to the District Attorney or City Attorney for formal enforcement action. Sanctions are typically imposed for failure to correct the violation. Class I violations are defined in the Health and Safety Code (HSC) section 25110.8.5.

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911	Number of Class II Violations		2	N	For hazardous waste generators, number of Class II violations. A Class II violation means a deviation that is not a Class I violation. This count includes violations which would be considered minor, but are knowing, willful, or intentional, or enable the violator to benefit economically from noncompliance, either by reduced costs or competitive advantage. Do not include minor violations in this count. Class II violations are defined in 22 California Code of Regulations (CCR) 66260.10.
912	Number of Minor Violations		2	N	For hazardous waste generators, number of minor violations. A minor violation means a deviation from any regulation, standard, requirement, or permit condition, that is not a Class I violation. Exclude from this count all violations where the violation is knowing, willful, or intentional, or enables the violator to benefit economically from noncompliance, either by reduced costs or competitive advantage. These are counted as Class II violations. Also exclude any violation that is a chronic violation or that is committed by a recalcitrant violator, since these are counted as Class I violations. A minor violation is defined in HSC 25147.6. Minor Violations applies to all programs.
913	Number of Other Violations		2	N	For non-hazardous waste program elements, number of other violations. Other violations are those that are not hazardous waste violations.
913a	Compliance	a = with only release detection b = with only release prevention c = with both release detection and release prevention d = violation of both release detection and release prevention	1	AN	Indicates if facility contains compliance criteria for release detection, release prevention, or both based on the inspection.
913b	Red Tag Issued	Y or N	1	AN	Indicates if a red tag was issued.
913c	Red Tag Number		5	AN	Identification Number of the Red Tag affixed at the facility. If the tag # is only four digits, insert a zero (0) before the first number: 0xxxx.
913d	Violations Causing Red Tag	1= violation threatening/causing liquid release. 2=violation impairing ability of UST system to detect a leak. 3=chronic violation or committed by recalcitrant violator.	1	AN	Reason for affixing the red tag. Must be a significant violation.
913e	Date Red Tag Affixed	YYYYMMDD	8	D	Date Red Tag affixed to the fill pipe.
913f	Date Red Tag Removed	YYYYMMDD	8	D	Date Red Tag removed.
914	Type of Enforcement Action	a = Informal action b = Referral to State agency c = Formal order d = Referral to Attorney General or District Attorney	1	AN	Type of enforcement action. Informal actions are actions that are not formal actions. An informal enforcement action notifies the business of non-compliance and establishes a date by which the non-compliance is to be corrected. Informal actions are made by a written document including, but not limited to, a letter or notice of violation. Informal actions do not convey sanctions. A

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		<u>a = Notice of Violation (NOV) Only</u> <u>b = AEO - Local Ordinance</u> <u>c = AEO - UP</u> <u>d = Referral to State Attorney General</u> <u>e = Referral to District Attorney</u> <u>f = Referral to County Council or City Attorney</u> <u>g = Referral to US Attorney</u> <u>h = Referral to State Agency</u> <u>i = Referral to Federal Agency</u> <u>j = Referral to Other</u>			<p>formal order is an enforceable order or agreement which mandates compliance. Examples include administrative orders and referrals for civil and/or criminal actions. Sanctions are imposed for failure to comply. If more than one enforcement action is taken, the type and date of each action should be recorded.</p> <p><u>A notice of violation (NOV) is an informal enforcement action taken by a CUPA. A NOV is written documentation that informs a business of non-compliance and establishes a date by which the non-compliance is to be corrected. A CUPA takes formal enforcement action on non-compliant businesses by initiating administrative enforcement orders and/or referring the case to the State Attorney General, District Attorney, County Council or City Attorney, US Attorney, State Agency, Federal Agency, or other. A formal enforcement action mandates return to compliance by imposing punitive and criminal penalties to businesses that fail to comply. If more than one enforcement action is taken, the type and date of each action should be recorded.</u></p>
<u>917</u>	<u>Date Returned to Compliance</u>	<u>YYYYMMDD</u>	<u>8</u>	<u>D</u>	<p><u>Date physical compliance was determined by the CUPA for all violations identified during the inspection. This may not be based on a site visit, but is the date compliance was verified. It may be based on correspondence received from the regulated business.</u></p>
<u>917a</u>	<u>Date a Referred Case Settled or Dropped</u>	<u>YYYYMMDD</u>	<u>8</u>	<u>D</u>	<p><u>Date a referred case is settled or dropped. No date means that the case is open.</u></p>

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ENFORCEMENT INFORMATION (one record for each facility for each program element and enforcement action)					
ID	ELEMENT	EDIT CRITERIA//CODES	LENGTH	TYPE	INFORMATION DESCRIPTION
1	Facility ID Number	2 AN county 3 AN jurisdiction 6 AN facility number	11	AN	Number to allow cross linking of data. County and jurisdiction number from tax code list. This number is assigned by the CUPA. This is the unique number which identifies the facility.
3	Business Name	Postal standard: 2 lines, 35 characters	70	AN	Full legal name of business.
902 905	Program Element	a = Hazardous Materials Release Response Plans (HMRRP) b = California Accidental Release Prevention (CalARP) c = Underground Storage Tank (UST) d = Spill Prevention Control and Countermeasures (SPCC) / Aboveground Storage Tank e = Hazardous Waste Generator f = Hazardous Waste Large Quantity Generator (LQG) (subset of Hazardous Waste Generator) g = Hazardous Waste Recycler h = Permit by Rule (PBR) i = Conditionally Authorized (CA) (only available if PBR is not used) j = Conditionally Exempt (CE) (only available if PBR and CA are not used) k = Household Hazardous Waste (HHW) - Fixed	2	AN	Program elements inspected. For Tiered Permitting options enter the highest tier. See Summary Report 3 and 4 for instructions for further information concerning the definition and relationships of the various hazardous waste program elements.
903 906	Inspection Date	YYYYMMDD	8	D	Date of completion of inspection.
914	Type of Enforcement Action	a = Informal action b = Referral to State agency c = Formal order d = Referral to Attorney General or District Attorney	4	AN	Type of enforcement action. Informal actions are actions that are not formal actions. An informal enforcement action notifies the business of non-compliance and establishes a date by which the non-compliance is to be corrected. Informal actions are made by a written document including, but not limited to, a letter or notice of violation. Informal actions do not convey sanctions. A formal order is an enforceable order or agreement which mandates compliance. Examples include administrative orders and referrals for civil and/or criminal actions. Sanctions are imposed for failure to comply. If more than one enforcement action is taken, the type and date of each action should be recorded.
915	Date of Enforcement Action	YYYYMMDD	8	D	Date the enforcement action is taken. The date of enforcement action is the date the violation is referred to the DA (for AEOs the date of the final order would be used). If more than one enforcement action is taken, the type and date of each action should be recorded.

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16	Type of Formal Enforcement Action	a = Administrative b = Civil c = Criminal d = Civil/Criminal	1	AN	Type of formal enforcement action.
917	Date Returned to Compliance	YYYYMMDD	8	D	Date physical compliance was determined by the CUPA for all violations identified during the inspection. This may not be based on a site visit, but is the date compliance was verified. It may be based on correspondence received from the regulated business.
918	Docket Number	.	13	AN	Number assigned by the court for civil and criminal actions.
919	Final Fine or Penalty Assessed		8	AN	Dollar amount of fine or penalty assessed. This is the final monetary penalty or fine assessed via court or administrative order, or the amount agreed upon in a formal legal settlement. It is based on the value of fines / penalties excluding costs. Round to nearest whole number. Do not use decimal places. Note the fine or penalty is by program element for each enforcement action at each facility, when available. <u>Does not include Supplemental Environmental Projects (SEPs).</u>
920	Fine or Penalty Collected		8	AN	Dollar amount of final fine or penalty actually collected by the CUPA. Round to nearest whole number. Do not use decimal places.
924	Date Fine or Penalty Collected	YYYYMMDD	8	D	Date when the final fine or penalty was completely collected.
920	<u>Supplemental Environmental Projects Value</u>		<u>8</u>	<u>AN</u>	<u>Dollar amount/value of SEPs.</u>
921	<u>Significant Non-Complier</u>	<u>Y or N</u>	<u>1</u>	<u>AN</u>	<u>Only applies to RCRA hazardous waste facilities. SNC is defined under federal rules.</u>

Chapter 6 – Unified Program Consolidated Forms

- **Business Activities**
- **Business Owner/Operator Identification**
- **Hazardous Materials**
- **Underground Storage Tanks:
Facility Information**
- **Underground Storage Tanks:
Tank Information**
- **Underground Storage Tank:
Certification of Installation/Modification**
- **Underground Storage Tank:
Monitoring Plan**
- **On-site Tiered Permitting:
Permit by Rule Page**

Chapter 6 – Unified Program Consolidated Forms

Business Activities

Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes
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amends Title 27, division 3, subdivision 1, chapter 6. Unified Program Consolidated Forms, to read as follows:

UNIFIED PROGRAM CONSOLIDATED FORM		
FACILITY INFORMATION		
BUSINESS ACTIVITIES		
Page 1 of 2		
I. FACILITY IDENTIFICATION		
FACILITY ID # (Agency Use Only)	EPA ID # (Hazardous Waste Only)	2
BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)		
BUSINESS SITE ADDRESS		
BUSINESS SITE CITY	ZIP CODE	103 104 105
II. ACTIVITIES DECLARATION		
NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page (OES Form 2730).		
Does your facility...	If Yes, please complete these pages of the UPCF....	
A. HAZARDOUS MATERIALS Have on site (for any purpose) <u>at any one time</u> , hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input type="checkbox"/> YES <input type="checkbox"/> NO 4	HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731)
B. REGULATED SUBSTANCES Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release prevention Program (CalARP)?	<input type="checkbox"/> YES <input type="checkbox"/> NO 4a	Coordinate with your local agency responsible for CalARP.
BC. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input type="checkbox"/> YES <input type="checkbox"/> NO 5 <input type="checkbox"/> YES <input type="checkbox"/> NO 6 <input type="checkbox"/> YES <input type="checkbox"/> NO 7	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B) UST FACILITY UST TANK (one-per-tank) UST INSTALLATION CERTIFICATE OF COMPLIANCE (one-page-per-tank) (Formerly Form C) UST TANK (closure portion – one-page-per-tank)
GD. ABOVE GROUND PETROLEUM STORAGE Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers.	<input type="checkbox"/> YES <input type="checkbox"/> NO 8	NO FORM REQUIRED TO CUPAs
DE. HAZARDOUS WASTE 1. Generate hazardous waste?	<input type="checkbox"/> YES <input type="checkbox"/> NO 9	EPA ID NUMBER – provide at the top of this page

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Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	10	RECYCLABLE MATERIALS REPORT (one per recycler)
3- Treat hazardous waste on-site?	<input type="checkbox"/> YES <input type="checkbox"/> NO	11	ON-SITE HAZARDOUS WASTE TREATMENT – FACILITY ON-SITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit)
4- Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	12	CERTIFICATION OF FINANCIAL ASSURANCE
5- Consolidate hazardous waste generated at a remote site?	<input type="checkbox"/> YES <input type="checkbox"/> NO	13	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION
6- Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned on-site?	<input type="checkbox"/> YES <input type="checkbox"/> NO	14	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
<u>Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO	14a	<u>Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator.</u>
<u>Household Hazardous Waste (HHW) Collection site?</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO	14b	<u>See CUPA for required forms.</u>
EF. LOCAL REQUIREMENTS (You may also be required to provide additional information by your CUPA or local agency.)			15

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Business Activities

Please submit the Business Activities page, the Business Owner/Operator Identification page (OES-Form-2730), and Hazardous Materials Inventory - Chemical Description pages (OES-Form-2734) for all submissions. (Note: the numbering of the instructions follows the data element numbers that are on the Unified Program Consolidated Form (UPCF) UPGF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27-CCR, Appendix C Division 3, Electronic Submittal of Information the Business Section of the Unified Program Data Dictionary.) Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the Certified Unified Program Agency (CUPA) or Administering Agency (AA). This is the unique number which identifies your facility.
2. EPA ID NUMBER - If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters □CADA. If you do not have a number, contact the Department of Toxic Substances Control (DTSC) Telephone Information Center at (916) 324-1781, (800) - 61-TOXIC or (800) 61-86942, to obtain one.
3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms □Facility Name□ or □DBA - Doing Business As□ that might have been used in the past.

103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.

104. BUSINESS SITE CITY - Enter the city or unincorporated area in which business site is located.

105. ZIP CODE - Enter the zip code of business site. The extra 4 digit zip may also be added.

4. HAZARDOUS MATERIALS -

Check the box to indicate whether you have a hazardous material onsite. You have a hazardous material onsite if:

- It is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of compressed gas (calculated at standard temperature and pressure),
- It is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A,
- Radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with these regulations.

If you have a hazardous material onsite, then you must complete the Business Owner/Operator Identification page (OES-Form-2730) and the Hazardous Materials Inventory - Chemical Description page (OES-Form-2734), as well as an Emergency Response Plan and Training Plan.

Do not answer □YES□ to this question if you exceed only a local threshold, but do not exceed the state threshold.

4a. REGULATED SUBSTANCES - Refer to www.oes.ca.gov, hazardous materials, CalARP guidance documents for regulated substances. Check the box to indicate whether your facility has CalARP regulated substances stored onsite.

5. OWN OR OPERATE UNDERGROUND STORAGE TANK (UST) - Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) 25316. If □YES□, then you must complete one UST Facility page and UST Tank pages for each tank. You must also submit a plot plan and a monitoring program plan.

~~UPGRADE/INSTALL UST - Check the appropriate box to indicate whether you intend to install or upgrade USTs containing hazardous substances as defined in HSC 25316. If "YES", then you must complete the UST Installation - Certificate of Compliance page in addition to UST Facility and Tank pages, plot plan and monitoring program plan.~~

~~4. UST CLOSURE - Check the appropriate box if you are closing an UST and complete the closure portion of the UST Tank pages for each tank. (CUPAs may require additional information.)~~

8. OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK OR CONTAINER - Check the appropriate box to indicate whether there are ASTs onsite which exceed the regulatory thresholds. (There is no UPGF page for ASTs.) This program applies to all facilities storing petroleum in aboveground tanks. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC 25270.2 (g)). The facility must have a cumulative storage capacity greater than 1,320 gallons for all ASTs.

NOT Subject to the Act (exemptions):

An aboveground petroleum storage tank (AST) facility with one or more of the following (see HSC 25270.2 (k)) is not subject to this act and is exempt:

- A pressure vessel or boiler which is subject to Division 5 of the Labor Code,
- A storage tank containing hazardous waste if a hazardous waste facility permit has been issued for the storage tank by DTSC,
- An aboveground oil production tank which is regulated by the Division of Oil and Gas,
- Certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.

9. HAZARDOUS WASTE GENERATOR - Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. If your facility generates hazardous waste, you must obtain and use an EPA Identification number (ID) in order to properly transport and dispose of it. Report your EPA ID number in #2. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC 25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, the term "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.

10. RECYCLE - Check the appropriate box to indicate whether you recycle more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC 25143.2. Check □YES□ and complete the Recyclable Materials Report pages, if you either recycled onsite or recycled excluded recyclable materials which were generated offsite. Check □NO□ if you only send recyclable materials to an offsite recycler. You do not need to report.

11. ONSITE HAZARDOUS WASTE TREATMENT - Check the appropriate box to indicate whether your facility engages in onsite treatment of hazardous waste. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of □treatment□ for certain processes under specific, limited conditions. Refer to HSC 25123.5 (b) for these specific exemptions. Treatment of certain laboratory hazardous wastes do not require authorization. Refer to HSC 25200.3.1 for specific information. Please contact your CUPA to determine if any exemptions apply to your facility. If your facility engages in onsite treatment of hazardous waste then complete the Onsite Hazardous Waste Treatment Notification - Facility page and one set of Onsite Hazardous Waste Treatment Notification - Unit pages with waste and treatment process information for each unit.

12. FINANCIAL ASSURANCE - Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR 67450.13 (b) and HSC 25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page.

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- REMOTE WASTE CONSOLIDATION SITE - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer YES if you are a hazardous waste generator that collects hazardous waste initially at remote sites and subsequently transports the hazardous waste to a consolidation site you also operate. You must be eligible pursuant to the conditions in HSC 25110.10. If your facility consolidates hazardous waste generated at a remote site, then complete the Remote Waste Consolidation Site Annual Notification page.
14. HAZARDOUS WASTE TANK CLOSURE - Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on:
- Your knowledge of the tank and its contents
 - The mixture rule
 - Testing of the tank
 - The listed wastes in 40 CFR 261.31 or 40 CFR 261.32.
 - Inability to remove hazardous materials stored in the tank.
- If the tank being closed would be classified as hazardous waste after its contents are removed, then you must complete the Hazardous Waste Tank Closure Certification page.
- 14a. RCRA LQG - Check the appropriate box to indicate whether your facility is a Large Quantity Generator. If YES, you must have or obtain a US EPA ID Number.
- 14b. HOUSEHOLD HAZARDOUS WASTE COLLECTION - Check the appropriate box to indicate whether your facility is a HHW Collection site.
15. LOCAL REQUIREMENTS - Some CUPAs or AAs may require additional information. Check with your CUPA before submitting the UPCF to determine if any supplemental information is required.
- UPCF Rev. (mm/07) (4/99)

Chapter 6 – Unified Program Consolidated Forms

Business Owner/Operator Identification

Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes
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California Environmental Protection Agency Reference Number: U-2007-01

UNIFIED PROGRAM CONSOLIDATED FORM

FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page ___ of ___

I. IDENTIFICATION

FACILITY ID#										BEGINNING DATE										ENDING DATE																			
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)																														BUSINESS PHONE									
BUSINESS SITE ADDRESS																				BUSINESS FAX																			
BUSINESS SITE CITY															C A					ZIP CODE					COUNTY														
DUNN & BRADSTREET															PRIMARY SIC					PRIMARY NAICS																			
BUSINESS MAILING ADDRESS																																							
BUSINESS MAILING CITY															STATE					ZIP CODE																			
BUSINESS OPERATOR NAME															BUSINESS OPERATOR PHONE																								
OWNER NAME															OWNER PHONE																								
OWNER MAILING ADDRESS																																							
OWNER MAILING CITY															STATE					ZIP CODE																			
CONTACT NAME															CONTACT PHONE																								
CONTACT MAILING ADDRESS															CONTACT EMAIL																								
CONTACT MAILING CITY															STATE					ZIP CODE																			
-PRIMARY-															-SECONDARY-																								
NAME															NAME																								
TITLE															TITLE																								
BUSINESS PHONE															BUSINESS PHONE																								
24-HOUR PHONE															24-HOUR PHONE																								

Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes
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PAGER #	127	PAGER #	132	
ADDITIONAL LOCALLY COLLECTED INFORMATION:			133	
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.				
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT PREPARER	135
NAME OF SIGNER (print)	136	TITLE OF SIGNER		137

UPCF (Rev. mm/07) (1/99-)

OES FORM 2730 (1/99)

Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes Draft Text

California Environmental Protection Agency Reference Number: U-2007-01

Business Owner/Operator Identification

Please submit the Business Activities page, the Business Owner/Operator Identification page (~~OES Form 2730~~), and Hazardous Materials - Chemical Description pages (~~OES Form 2731~~) for all hazardous materials inventory submissions. For the inventory to be considered complete this page must be signed by the appropriate individual.

(Note: the numbering of the instructions follows the data element numbers that are on the Unified Program Consolidated Form (UPCF) ~~UPCF~~ pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27-CFR, Appendix C the ~~Business Section of the Unified Program Data Dictionary~~ Division 3, Electronic Submittal of Information.)

Please number all pages of your submittal. This helps the ~~Department of Toxic Substance Control (DTSC)~~ Unified Program Agency (UPA) identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by ~~DTSC~~ the UPA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the doing business as name.
100. BEGINNING DATE - Enter the beginning year and date of the report. (YYYYMMDD)
101. ENDING DATE - Enter the ending year and date of the report. (YYYYMMDD)
102. BUSINESS PHONE - Enter the phone number, area code first, and any extension.
- 102a. BUSINESS FAX - Enter the business fax number, area code first.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104. BUSINESS SITE CITY - Enter the city or unincorporated area in which business site is located.
105. ZIP CODE - Enter the zip code of business site. The extra 4 digit zip may also be added.
106. DUN & BRADSTREET - If subject to EPCRA, enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or on the web at www.dnb.com.
107. SIC CODE NUMBER - Enter the primary Standard Industrial Classification Code System number Number for primary business activity. ~~NOTE: If code is more than 4 digits, report only the first four. Required for EPCRA.~~
- 107a. NAICS NUMBER - Enter the primary North American Industrial Classification System Number.
108. COUNTY - Enter the county in which the business site is located.
- 108a. BUSINESS MAILING ADDRESS - Enter the mailing address to be used for all official business correspondence. This mailing address must be filled in.
- 108b. BUSINESS MAILING CITY - Enter the name of the city for the business mailing address.
- 108c. STATE - Enter the two character abbreviation of the state for the business mailing address.
- 108d. ZIP CODE - Enter the zip code for the business mailing address. The extra 4 digit zip may also be added.
109. BUSINESS OPERATOR NAME - Enter the name of the business operator.
110. BUSINESS OPERATOR PHONE - Enter business operator phone number, if different from business phone, area code first, and any extension.
111. BUSINESS OWNER NAME - Enter name of business owner, if different from business operator.
112. BUSINESS OWNER PHONE - Enter the business owner's phone number if different from business phone, area code first, and any extension.
113. BUSINESS OWNER MAILING ADDRESS - Enter the owner's mailing address, if different from business mailing address.
114. BUSINESS OWNER CITY - Enter the name of the city for the owner's mailing address, if different from business mailing address.
115. BUSINESS OWNER STATE - Enter the 2 character state abbreviation for the owner's mailing address, if different from business mailing address.
116. BUSINESS OWNER ZIP CODE - Enter the zip code for the owner's address, if different from business mailing address. The extra 4 digit zip may also be added.
117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person, ~~if different from the Business Owner or Operator~~, who receives all environmental correspondence ~~and who will respond to enforcement activity~~.
118. CONTACT PHONE - Enter the phone number, if different from Owner or Operator, ~~at which for the environmental contact can be contacted~~, area code first, and any extension.
119. CONTACT MAILING ADDRESS - Enter the mailing address where all environmental contact correspondence should be sent, ~~if different from the site address~~.
- 119a. CONTACT EMAIL - Enter the email address of the environmental contact in 117, if the contact has one.
120. CONTACT MAILING CITY - Enter the name of the city for the environmental contact's mailing address.
121. STATE - Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. ZIP CODE - Enter the zip code for the environmental contact's mailing address. The extra 4 digit zip may also be added.
123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative to be contacted in case there is an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE - Enter the title of the primary emergency contact.
125. BUSINESS PHONE - Enter the business number for the primary emergency contact, area code first, and any extensions.
126. 24-HOUR PHONE - Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. PAGER NUMBER - Enter the pager number for the primary emergency contact, if available.

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8. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE - Enter the title of the secondary emergency contact.
130. BUSINESS PHONE - Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. 24-HOUR PHONE - Enter a 24-hour phone number for the secondary emergency contact. The 24 hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. PAGER NUMBER - Enter the pager number for the secondary emergency contact, if available.
133. ADDITIONAL LOCALLY COLLECTED INFORMATION - This space may be used for ~~DTSC~~ UPA to collect any additional information necessary to meet the requirements of their individual programs. Contact ~~DTSC~~, or your local agency UPA for guidance.
134. DATE - Enter the date that the document was signed. (YYYYMMDD)
135. NAME OF DOCUMENT PREPARER - Enter the full name of the person who prepared the inventory submittal information.
136. NAME OF SIGNER - Enter the full printed name of the person signing the page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
- SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE - The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information it is the signer's belief that the submitted information is true, accurate and complete.
137. TITLE OF SIGNER - Enter the title of the person signing the page.

UPCF (Rev. mm/07) (4/99-)

OES FORM 2730 (1/99)

Chapter 6 – Unified Program Consolidated Forms

Hazardous Materials

**Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes
Draft Text**

California Environmental Protection Agency Reference Number: U-2007-01

UNIFIED PROGRAM CONSOLIDATED FORM			
HAZARDOUS MATERIALS			
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION			
<small>(one page per material per building or area)</small>			
<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	<input type="checkbox"/> REVISE	200 Page ____ of ____
I. FACILITY INFORMATION			
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)			3
CHEMICAL LOCATION		201	CHEMICAL LOCATION CONFIDENTIAL EPCRA <input type="checkbox"/> YES <input type="checkbox"/> NO 202
FACILITY ID #	MAP# (optional)	203	GRID# (optional) 204
II. CHEMICAL INFORMATION			
CHEMICAL NAME		205	TRADE SECRET <input type="checkbox"/> Yes <input type="checkbox"/> No 206 <small>If Subject to EPCRA, refer to instructions</small>
COMMON NAME		207	EHS* <input type="checkbox"/> Yes <input type="checkbox"/> No 208
CAS#		209	*If EHS is "Yes", all amounts below must be in lbs.
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210			
HAZARDOUS MATERIAL TYPE (Check one item only) <input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	211	RADIOACTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No	212
CURIES		213	
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	214	LARGEST CONTAINER 215	
FED HAZARD CATEGORIES (Check all that apply) <input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH 216			
AVERAGE DAILY AMOUNT	217	MAXIMUM DAILY AMOUNT	218
ANNUAL WASTE AMOUNT		219	STATE WASTE CODE 220
UNITS* (Check one item only) <input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>	221	DAYS ON SITE: 222	
STORAGE CONTAINER <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON 223			
STORAGE PRESSURE <input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224			
STORAGE TEMPERATURE <input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225			
%WT	HAZARDOUS COMPONENT (For mixture or waste only)		EHS
1 226	227	<input type="checkbox"/> Yes <input type="checkbox"/> No 228	229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233

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3	234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No	236	237
4	238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No	240	241
5	242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No	244	245
If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.					
ADDITIONAL LOCALLY COLLECTED INFORMATION					246
					If EPCRA, Please Sign Here

UPCF (4/99) (Rev. mm/07)

QES Form 2731

Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes Draft Text

California Environmental Protection Agency Reference Number: U-2007-01

Hazardous Materials Inventory - Chemical Description

You must complete a separate Hazardous Materials Inventory - Chemical Description page for each hazardous material (hazardous substances and hazardous waste) that you handle at your facility in aggregate quantities equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure) or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. Also complete a page for each radioactive material handled over quantities for which an emergency plan is required to be adopted pursuant to 10 CFR Parts 30, 40, or 70. The completed inventory should reflect all reportable quantities of hazardous materials at your facility, reported separately for each building or outside adjacent area, with separate pages for unique occurrences of physical state, storage temperature and storage pressure. (Note: the numbering of the instructions follows the data element numbers that are on the Unified Program Consolidated Form (UPCF) UPGF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27-CFR, Appendix C, the Business Section of the Unified Program Data Dictionary, Division 3, Electronic Submittal of Information.) Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - This number is assigned by the CUPA or AA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
200. ADD/DELETE/ REVISE - Indicate if the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. NOTE: You may choose to leave this blank if you resubmit your entire inventory annually.
201. CHEMICAL LOCATION - Enter the building or outside/ adjacent area where the hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC §25506.
202. CHEMICAL LOCATION CONFIDENTIAL - EPCRA - All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location information confidential. If the business does not wish to keep chemical location information confidential check "No".
203. MAP NUMBER - If a map is included, enter the number of the map on which the location of the hazardous material is shown.
204. GRID NUMBER - If grid coordinates are used, enter the grid coordinates of the map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be listed.
205. CHEMICAL NAME - Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; complete the "COMMON NAME" field instead.
206. TRADE SECRET - Check "Yes" if the information in this section is declared a trade secret, or "No" if it is not.
State requirement: If yes, and business is not subject to EPCRA, disclosure of the designated trade secret information is bound by HSC §25511.
Federal requirement: If yes, and business is subject to EPCRA, disclosure of the designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to USEPA.
207. COMMON NAME - Enter the common name or trade name of the hazardous material or mixture containing a hazardous material.
208. EHS - Check "Yes" if the hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS, leave this section blank and complete the section on hazardous components below.
209. CAS # - Enter the Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS number of the mixture if it has been assigned a number distinct from its components. If the mixture has no CAS number, leave this column blank and report the CAS numbers of the individual hazardous components in the appropriate section below.
10. FIRE CODE HAZARD CLASSES - Fire Code Hazard Classes describe to first responders the type and level of hazardous materials which a business handles. This information shall only be provided if the local fire chief deems it necessary and requests the CUPA or AA to collect it. A list of the hazard classes and instructions on how to determine which class a material falls under are included in the appendices of Article 80 of the Uniform Fire Code. If a material has more than one applicable hazard class, include all. Contact CUPA or AA for guidance.
211. HAZARDOUS MATERIAL TYPE - Check the one box that best describes the type of hazardous material: pure, mixture or waste. If waste material, check only that box. If mixture or waste, complete hazardous components section.
212. RADIOACTIVE - Check "Yes" if the hazardous material is radioactive or "No" if it is not.
213. CURIES - If the hazardous material is radioactive, use this area to report the activity in curies. You may use up to nine digits with a floating decimal point to report activity in curies.
214. PHYSICAL STATE - Check the one box that best describes the state in which the hazardous material is handled: solid, liquid or gas.
215. LARGEST CONTAINER - Enter the total capacity of the largest container in which the material is stored.
216. FEDERAL HAZARD CATEGORIES - Check all categories that describe the physical and health hazards associated with the hazardous material.

PHYSICAL HAZARDS	HEALTH HAZARDS
Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers	Acute Health (Immediate): Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short term exposure
Reactive: Unstable Reactive, Organic Peroxides, Water Reactive, Radioactive	Chronic Health (Delayed): Carcinogens, other hazardous chemicals with an adverse effect with long term exposure
Pressure Release: Explosives, Compressed Gases, Blasting Agents	

217. AVERAGE DAILY AMOUNT - Calculate the average daily amount of the hazardous material or mixture containing a hazardous material, in each building or adjacent/ outside area. Calculations shall be based on the previous year's inventory of material reported on this page. Total all daily amounts and divide by the number of days the chemical will be on site. If this is a material that has not previously been present at this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount should be consistent with the units reported in box 221 and should not exceed that of maximum daily amount.
218. MAXIMUM DAILY AMOUNT - Enter the maximum amount of each hazardous material or mixture containing a hazardous material, which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year. This amount should be consistent with the units reported in box 221.
219. ANNUAL WASTE AMOUNT - If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
220. STATE WASTE CODE - If the hazardous material is a waste, enter the appropriate California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste Manifest.
221. UNITS - Check the unit of measure that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet or tons. NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
222. DAYS ON SITE - List the total number of days during the year that the material is on site.
223. STORAGE CONTAINER - Check all boxes that describe the type of storage containers in which the hazardous material is stored. NOTE: If appropriate, you may choose more than one.
24. STORAGE PRESSURE - Check the one box that best describes the pressure at which the hazardous material is stored.

File 27 DD

strikeout underline

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- .5. STORAGE TEMPERATURE - Check the one box that best describes the temperature at which the hazardous material is stored.
226. HAZARDOUS COMPONENTS 1-5 (% BY WEIGHT) - Enter the percentage weight of the hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range. (Report for components 2 through 5 in 230, 234, 238, and 242.)
227. HAZARDOUS COMPONENTS 1-5 NAME - When reporting a hazardous material that is a mixture, list up to five chemical names of hazardous components in that mixture by percent weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, you may attach an additional sheet of paper to capture the required information. When reporting waste mixtures, mineral and chemical composition should be listed. (Report for components 2 through 5 in 231, 235, 239, and 243.)
228. HAZARDOUS COMPONENTS 1-5 EHS - Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or "No" if it is not. (Report for components 2 through 5 in 232, 236, 240, and 244.)
229. HAZARDOUS COMPONENTS 1-5 CAS - List the Chemical Abstract Service (CAS) numbers as related to the hazardous components in the mixture. (Repeat for 2-5.)
246. LOCALLY COLLECTED INFORMATION - This space may be used by the CUPA or AA to collect any additional information necessary to meet the requirements of their individual programs. Contact the CUPA or AA for guidance.
- UPCF ~~(4/99)~~ (Rev. mm/07)
- OES-Form-2731

Chapter 6 – Unified Program Consolidated Forms

Underground Storage Tanks: Facility Information

**UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANKS**

**OPERATING PERMIT APPLICATION UNDERGROUND STORAGE TANKS
FACILITY INFORMATION**

(one form page per facility site) Page _____ of _____

TYPE OF ACTION ☐ 1. NEW SITE PERMIT ☐ 3. RENEWAL PERMIT ☐ 5. CHANGE OF INFORMATION ☐ 7. PERMANENT FACILITY CLOSURE - PERMANENTLY CLOSED SITE
(Check one item only) ☐ 4. AMENDED PERMIT specify change local use only _____ ☐ 8. TANK REMOVED
☐ 6. TEMPORARY FACILITY SITE CLOSURE ☐ 9. TRANSFER PERMIT 400

I. FACILITY / SITE INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3		FACILITY ID#	
TOTAL NUMBER OF USTs AT FACILITY			
NEAREST CROSS STREET BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3	401	FACILITY OWNER TYPE <input type="checkbox"/> 4. LOCAL AGENCY/DISTRICT*	
BUSINESS SITE ADDRESS 103 103		<input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 6. STATE AGENCY* CITY 104	
BUSINESS FACILITY <input type="checkbox"/> 1. MOTOR VEHICLE FUELING GAS STATION TYPE <input type="checkbox"/> 2. FUEL DISTRIBUTION TANK <input type="checkbox"/> 3. FARM <input type="checkbox"/> 4. PROCESSOR <input type="checkbox"/> 6. OTHER 403		<input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 7. FEDERAL AGENCY* 402	
TOTAL NUMBER OF TANKS REMAINING AT SITE 404	Is facility on Indian Reservation or trustlands? <input type="checkbox"/> Yes <input type="checkbox"/> No 405	*If owner of UST is a public agency, name of supervisor of division, section or office which operates the UST (This is the contact person for the tank records.) Is the facility located on Indian Reservation or trustlands? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No 406	

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407	PHONE 408
MAILING OR STREET ADDRESS 409	
CITY 410	STATE 411 ZIP CODE 412
PROPERTY OWNER TYPE <input type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 4. LOCAL AGENCY / DISTRICT <input type="checkbox"/> 6. STATE AGENCY <input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY 413	

III. TANK OPERATOR INFORMATION

OPERATOR NAME T01	PHONE T02 ()
MAILING ADDRESS T03	
CITY T04	STATE T05 ZIP CODE T06

III. TANK OWNER INFORMATION

TANK OWNER NAME 414	PHONE 415
MAILING OR STREET ADDRESS 416	
CITY 417	STATE 418 ZIP CODE 419
TANK OWNER TYPE <input type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 4. LOCAL AGENCY / DISTRICT <input type="checkbox"/> 6. STATE AGENCY <input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY <input type="checkbox"/> 8. NON GOVERNMENT 420	

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44-	Call the State Board of Equalization, Fuel Industry Section, if there are questions. (916) 322-9669 if questions arise 421
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V. PETROLEUM UST FINANCIAL RESPONSIBILITY

INDICATE METHOD(S) <input type="checkbox"/> 1. SELF INSURED <input type="checkbox"/> 4. SURETY BOND <input type="checkbox"/> 7. STATE FUND <input type="checkbox"/> 10. LOCAL GOVT MECHANISM <input type="checkbox"/> 2. GUARANTEE <input type="checkbox"/> 5. LETTER OF CREDIT <input type="checkbox"/> 8. STATE FUND & CFO LETTER <input type="checkbox"/> 99. OTHER: _____ <input type="checkbox"/> 3. INSURANCE <input type="checkbox"/> 6. EXEMPTION <input type="checkbox"/> 9. STATE FUND & CD 422	
---	--

VI. PERMIT HOLDER INFORMATION/LEGAL NOTIFICATION AND MAILING ADDRESS			
Check one box to indicate which address should be used for legal notifications and mailings. <input type="checkbox"/> 1. FACILITY OWNER <input type="checkbox"/> 4. TANK OPERATOR		423	
Legal notifications and mailings will be sent to the tank owner unless box 1 or 2 is checked.			
Issue permit and send legal notifications and mailings to <input type="checkbox"/> 2. PROPERTY OWNER <input type="checkbox"/> 3. TANK OWNER <input type="checkbox"/> 5. FACILITY OPERATOR		424	
SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required for Public Agencies Only)		425	
VII. APPLICANT SIGNATURE			
Certification - I certify that the information provided herein is true and accurate, and in full compliance with legal requirements, to the best of my knowledge.			
SIGNATURE OF APPLICANT SIGNATURE		DATE	PHONE
426		424	425
NAME OF APPLICANT NAME (print)		TITLE OF APPLICANT TITLE	
426		427	
STATE UST FACILITY NUMBER (For local use only)		1998 UPGRADE CERTIFICATE NUMBER (For local use only)	
428		429	

UST - Facility UST Operating Permit Application - Facility Information Page 1 Instructions (Formerly SWRCB UST Permit Application Form A and UPCF Form hwfwr-c-a)

Formerly SWRCB Form A.

Complete this form the UST - Facility page for all new permits, permit changes, or any facility information changes. This form page must be submitted within 30 days of permit or facility information changes, unless your local agency requires approval is required before prior to making the any changes. For changes, submit only that form that contains the change.

Submit one UST Operating Permit Application - Facility Information form - Facility page per facility, regardless of the number of UST's tanks located at the facility site. If not already on file with the local agency, the tank owner must submit with this form, a current UST Operating Permit Application - Tank Information form for each UST; a UST Monitoring Plan; a UST Response Plan; and, for USTs containing petroleum, a Certification of Financial Responsibility for Underground Storage Tanks Containing Petroleum.

This form is completed by either the permit applicant or the local agency underground tank inspector. As part of the application, the tank owner must submit a sealed facility plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [23 CCR 2711 (a)(8)], a description of the tank and piping leak detection monitoring program [23 CCR 2711 (a)(9)], and, for tanks containing petroleum, documentation showing compliance with state financial responsibility requirements [23 CCR 2711 (a)(11)].

Refer to 23 CCR 2711 for state UST information and permit application requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

The following documents are also required, if applicable. (Check with your local agency to see if they require submittal):

- ☐ Written agreement between UST Owner and UST Operator per Health and Safety Code 825284(a)(3);
- ☐ Letter from the Chief Financial Officer (if using State Cleanup Fund, financial test of self-insurance, guarantee, local government financial test, or Local Government Fund as a financial responsibility mechanism).

Please number all pages of your submittal. (Note: Numbering of these instructions matches the data element numbers on the form.)

400. TYPE OF ACTION - Check the reason the page is being completed. CHECK ONE ITEM ONLY.

404. TOTAL NUMBER OF USTs AT SITE - Indicate the number of tanks that will remain on the site after the requested action.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility. This space is for agency use only.

3. BUSINESS NAME - Enter the full legal name of the business. Enter the complete Business Name. (Same as FACILITY NAME or DBA (Doing Business As)).

103. BUSINESS SITE ADDRESS - Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.

104. CITY - Enter the city or unincorporated area in which the facility is located.

400. TYPE OF ACTION - Check the reason the page is being completed. CHECK ONE ITEM ONLY.

401. NEAREST CROSS STREET - Enter the name of the cross street nearest to the site of the tank.

402. FACILITY OWNER TYPE - Check the type of business ownership.

403. BUSINESS TYPE - Check the type of business. FACILITY TYPE - Indicate the type of facility.

404. TOTAL NUMBER OF TANKS REMAINING AT SITE - Indicate the number of tanks remaining on the site after the requested action.

405. INDIAN RESERVATION OR TRUST LAND - Check whether or not the facility is located on an Indian reservation or other trust lands.

406. PUBLIC AGENCY SUPERVISOR NAME - If the facility owner is a public agency, enter the name of the supervisor for the division, section or office which operates the UST. This person must have access to the tank records.

07. PROPERTY OWNER NAME -

08. PROPERTY OWNER PHONE

09. PROPERTY OWNER MAILING OR STREET ADDRESS Business Owner/Operator Identification page (OBS Form 2730). If the same,

10. PROPERTY OWNER CITY

11. PROPERTY OWNER STATE

12. PROPERTY OWNER ZIP CODE

13. PROPERTY OWNER TYPE - Check the type of property ownership.

UPCF UST-A(1/99 revised)-(mm/yy revised)

Complete items 407- 412 for the property owner. Include the area code and any extension number, unless all items are the same as the Owner Information (items 111-116) on the Business Owner/Operator Identification page (OBS Form 2730). If the same, write "SAME AS SITE" in this section.

Formerly SWRCB Form A

T01. TANK OPERATOR NAME -

Complete items 413a - f for the UST operator.

T02. TANK OPERATOR PHONE -

Include the area code and any extension number.

T03. TANK OPERATOR MAILING ADDRESS -

T04. TANK OPERATOR CITY -

T05. TANK OPERATOR STATE -

T06. TANK OPERATOR ZIP CODE -

T14. TANK OWNER NAME -

415. TANK OWNER PHONE

416. TANK OWNER MAILING OR STREET ADDRESS

417. TANK OWNER CITY

418. TANK OWNER STATE

419. TANK OWNER ZIP CODE

420. TANK OWNER TYPE - Check the type of tank ownership.

421. BOE NUMBER - Enter your Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products. This is required before your permit application can be processed. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at (916) 322-9669 or write to the BOE at Board of Equalization, Fuel Taxes Division, P.O. Box 942879, Sacramento, CA 94279-0030. This fee applies to regulated USTs storing petroleum products and is required before your permit application will be processed. If you do not have an account number with the BOE, or if you have any questions regarding the fee or exemptions, contact the BOE at (916) 322-9669 or by mail at: State Board of Equalization, Fuel Industry Section, PO Box 942879, Sacramento, CA 94279-0030.

422. PETROLEUM UST FINANCIAL RESPONSIBILITY CODE - Check the method(s) used by the owner and/or operator in meeting the Federal and State financial responsibility requirements. CHECK ALL THAT APPLY. If the method is not listed, check "other" and enter the method(s). USTs owned by any Federal or State agency and non-petroleum USTs are exempt from this requirement.

423a. LEGAL NOTIFICATION AND MAILING ADDRESS - Indicate the address to which legal notifications and mailings should be sent. The legal notifications and mailings will be sent to the tank owner unless the facility (box 1) or the property owner (box 2) is checked.

PERMIT HOLDER INFORMATION - Indicate the party to whom the UST operating permit is to be issued and legal notifications and mailings should be sent.

406. SUPERVISOR OF DIVISION SECTION OR OFFICE SUPERVISOR - If the facility owner is a public agency, enter the name of the supervisor of the division section or office that operates the UST. This person must have access to the UST records.

SIGNATURE OF APPLICANT SIGNATURE - The business owner/operator of the tank facility, or officially designated representative of the owner/operator, shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is accurate and complete.

The application form must be signed, in the space provided, by:

- The UST owner or operator, facility owner or operator, or a duly authorized representative of the owner; or
- If the UST(s) is/are owned by a corporation, partnership, or public agency:
 - 1.) A principal executive officer at the level of vice-president or by an authorized representative responsible for the overall operation of the facility where the UST(s) is/are located; or
 - 2.) A general partner or proprietor; or
 - 3.) A principal executive officer, ranking elected official, or authorized representative of a public agency.

424. DATE CERTIFIED - Enter the date that the page form was signed.

425. APPLICANT PHONE - Enter the phone number of the applicant (person certifying).

426. APPLICANT NAME - Enter the full printed name of the person signing the page. Print or type the full name of the person signing the form.

427. APPLICANT TITLE - Enter the title of the person signing the page.

428. STATE UST FACILITY NUMBER - Leave this blank. This number is assigned by the CUPA as follows: the number is composed of the two-digit county number, the three-digit jurisdiction number, and a six-digit facility number. The facility number must be the same as shown in item 1.

429. 1998 UPGRADE CERTIFICATE NUMBER - Leave this blank. This number is assigned by the CUPA.

Chapter 6 – Unified Program Consolidated Forms

Underground Storage Tanks: Tank Information

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANKS—TANK PAGE 1
OPERATING PERMIT APPLICATION – TANK INFORMATION (One form per UST)

(two pages per tank)

Page _____ of _____

TYPE OF ACTION (Check one item only. For a UST closure or removal, complete only this section and Sections I, II, III, IV, and IX below)

- ☐ 1 NEW SITE PERMIT ☐ 3 RENEWAL PERMIT ☐ 4 AMENDED PERMIT ☐ 5 CHANGE OF INFORMATION ☐ 6 TEMPORARY SITE UST CLOSURE
☐ 7 UST PERMANENTLY CLOSED ON SITE ☐ 8 TANK UST REMOVED

(Check one item only) _____ (Specify reason—for local use only) _____ (Specify reason—for local use only) _____

DATE UST PERMANENTLY CLOSED 430a _____ DATE EXISTING UST DISCOVERED 430b _____

I. FACILITY INFORMATION

430

BUSINESS NAME (Same as FACILITY NAME or DBA—Doing Business As) 3 _____ FACILITY ID #: _____
(Agency Use Only) _____

LOCATION WITHIN SITE (Optional) BUSINESS SITE ADDRESS 103 _____

CITY 104 _____

II. TANK DESCRIPTION (A sealed plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # 432 _____ TANK MANUFACTURER 433 _____ NUMBER OF TANK UNITS. THIS TANK IS: 434
☐ 1. A STAND-ALONE TANK
☐ 2. ONE OF TWO OR MORE COMPARTMENTS
COMPARTMENTALIZED TANK ☐ Yes ☐ No
If "Yes", complete one page for each compartment.

DATE UST SYSTEM 435 _____ TANK CAPACITY IN GALLONS 436 _____ NUMBER OF COMPARTMENTS 437
INSTALLED (YEAR/MO)

ADDITIONAL DESCRIPTION (For local use only) 438 _____

III. TANK USE AND CONTENTS

TANK USE ☐ 1a. MOTOR VEHICLE FUELING ☐ 1b. MARINA FUELING ☐ 1c. AVIATION FUELING 439
☐ 3. CHEMICAL PRODUCT STORAGE ☐ 4. HAZARDOUS WASTE (Includes Used Oil) ☐ 5. EMERGENCY GENERATOR FUEL (HSC §25281.5(c))
☐ 6. OTHER GENERATOR FUEL ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 439a

CONTENTS PETROLEUM: ☐ 1a. REGULAR UNLEADED ☐ 1c. MIDGRADE UNLEADED ☐ 1b. PREMIUM UNLEADED 440
☐ 3. DIESEL ☐ 5. JET FUEL ☐ 6. AVIATION GAS

☐ 8. PETROLEUM BLEND FUEL ☐ 9. OTHER PETROLEUM (Specify): 440a

NON-PETROLEUM: ☐ 7. USED OIL ☐ 10. ETHANOL

☐ 99. OTHER NON-PETROLEUM (Specify): 440b

TANK USE 439 _____ PETROLEUM TYPE 440
☐ 1. MOTOR VEHICLE FUEL ☐ 1a. REGULAR UNLEADED ☐ 2. LEADED ☐ 5. JET FUEL
(If marked complete, Petroleum Type) ☐ 1b. PREMIUM UNLEADED ☐ 3. DIESEL ☐ 6. AVIATION FUEL
☐ 2. NON-FUEL PETROLEUM ☐ 1c. MIDGRADE UNLEADED ☐ 4. GASOLINE ☐ 99. OTHER _____
☐ 3. CHEMICAL PRODUCT ☐ 4. HAZARDOUS WASTE ☐ 95. UNKNOWN

COMMON NAME (from Hazardous Materials Inventory page) 441 _____ CAS# (from Hazardous Materials Inventory page) 442 _____
(Includes Used Oil)

IV. TANK CONSTRUCTION

TYPE OF TANK ☐ 1. SINGLE WALL ☐ 3. SINGLE WALL WITH _____ ☐ 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM 443
(Check one item only) EXTERIOR MEMBRANE LINER ☐ 95. UNKNOWN

☐ 2. DOUBLE WALL ☐ 4. SINGLE WALL IN VAULT ☐ 99. OTHER _____

TANK MATERIAL—primary tank PRIMARY CONTAINMENT ☐ 1. BARE STEEL ☐ 3. FIBERGLASS/PLASTIC ☐ 5. CONCRETE 444
☐ 6. INTERNAL BLADDER ☐ 7. STEEL + INTERNAL LINING ☐ 95. UNKNOWN

(Check one item only) ☐ 2. STAINLESS STEEL ☐ 4. STEEL CLAD W/FIBERGLASS ☐ 8. FRP COMPATIBLE W/100% METHANOL ☐ 99. OTHER 444a
REINFORCED PLASTIC (FRP)

TANK MATERIAL—secondary tank SECONDARY CONTAINMENT ☐ 1. BARE STEEL ☐ 3. FIBERGLASS/PLASTIC ☐ 5. CONCRETE ☐ 6. EXTERIOR 445
MEMBRANE LINER ☐ 7. JACKETED ☐ 95. UNKNOWN

(Check one item only) ☐ 2. STAINLESS STEEL ☐ 4. STEEL CLAD W/FIBERGLASS ☐ 8. FRP COMPATIBLE W/100% METHANOL ☐ 99. OTHER 445a
REINFORCED PLASTIC (FRP) ☐ 10. COATED STEEL
☐ 5. CONCRETE

OVERFILL PREVENTION ☐ 1. AUDIBLE & VISUAL ALARMS ☐ 2. BALL FLOAT ☐ 3. FILL TUBE SHUT-OFF VALVE 452
☐ 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

TANK INTERIOR LINING ☐ 1. RUBBER LINED ☐ 3. EPOXY LINING ☐ 5. GLASS LINING ☐ 95. UNKNOWN 446 DATE INSTALLED 447

IR COATING ☐ 2. ALKYD LINING ☐ 4. PHENOLIC LINING ☐ 6. UNLINED ☐ 99. OTHER _____
(Check one item only) (For local use only)

OTHER CORROSION ☐ 1. MANUFACTURED CATHODIC ☐ 3. FIBERGLASS REINFORCED PLASTIC ☐ 95. UNKNOWN 448 DATE INSTALLED 449

PROTECTION IF APPLICABLE PROTECTION ☐ 4. IMPRESSED CURRENT ☐ 99. OTHER _____
(Check one item only) ☐ 2. SACRIFICIAL ANODE (For local use only)

SPILL AND OVERFILL YEAR INSTALLED 450 _____ TYPE (local use only) 451 _____ OVERFILL PROTECTION EQUIPMENT YEAR INSTALLED 452 _____

(Check all that apply) ☐ 1. SPILL CONTAINMENT _____ ☐ 1. ALARM _____ ☐ 3. FILL TUBE SHUT-OFF VALVE _____

<input type="checkbox"/> 3 STRIKER PLATE		
IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency)		
IF SINGLE WALL TANK (Check all that apply) 453 <input type="checkbox"/> 1 VISUAL (EXPOSED PORTION ONLY) <input type="checkbox"/> 2 AUTOMATIC TANK GAUGING (ATG) <input type="checkbox"/> 3 CONTINUOUS ATG <input type="checkbox"/> 4 STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING	IF DOUBLE WALL TANK OR TANK WITH BLADDER 454 (Check one item only) <input type="checkbox"/> 1 VISUAL (SINGLE WALL IN VAULT ONLY) <input type="checkbox"/> 2 CONTINUOUS INTERSTITIAL MONITORING <input type="checkbox"/> 3 MANUAL MONITORING	
IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE		
ESTIMATED DATE LAST USED (YR/MO/DAY) 455 _____	ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456 _____ gallons	TANK FILLED WITH INERT MATERIAL? 457 <input type="checkbox"/> Yes <input type="checkbox"/> No

UPCF (12/99 revised) UPCF UST-B - 1/2 (mm/vv revised)

Formerly SWRCB Form B

UST - Tank Page 1

Formerly SWRCB Form B

Complete the UST Tank pages for each tank for all new permits, permit changes, closures and/or any other tank information change. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes. For compartmentalized tanks, each compartment is considered a separate tank and requires completion of separate tank pages.

Refer to 23 CCR 52711 for state UST information and permit application requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
2. BUSINESS NAME - Enter the full legal name of the business.
30. TYPE OF ACTION - Check the reason the page is being completed. For amended permits and change of information, include a short statement to direct the inspector to the amendment or changed information.
431. LOCATION WITHIN SITE - Enter the location of the tank within the site.
432. TANK ID NUMBER - Enter the owner's tank ID number. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA.
433. TANK MANUFACTURER - Enter the name of the company that manufactured the tank.
434. COMPARTMENTALIZED TANK - Check whether or not the tank is compartmentalized. Each compartment is considered a separate tank and requires the completion of separate tank pages.
435. DATE TANK INSTALLED - Enter the year and month the tank was installed.
436. TANK CAPACITY - Enter the tank capacity in gallons.
437. NUMBER OF TANK COMPARTMENTS - If the tank is compartmentalized, enter the number of compartments.
438. ADDITIONAL DESCRIPTION - Use this space for additional tank or location description.
439. TANK USE - Check the substance stored. If MOTOR VEHICLE FUEL, check box 1 and complete item 440, PETROLEUM TYPE.
440. PETROLEUM TYPE - If box 1 is checked in item 439, check the type of fuel.
441. COMMON NAME - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the common name of the substance stored in the tank.
442. CAS # - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the CAS (Chemical Abstract Service) number. This is the same as the CAS # in item 209 on the Hazardous Materials Inventory - Chemical Description page.
443. TYPE OF TANK - Check the type of tank construction. If type of tank is not listed, check A other= and enter type.
444. TANK MATERIAL (PRIMARY TANK) - Check the construction material of the tank that comes into immediate contact on its inner surface with the hazardous substance being contained. If the tank is lined do not reference the lining material in this item. Indicate the type of lining material in item 446. If type of tank material is not listed, check A other= and enter material.
445. TANK MATERIAL (SECONDARY TANK) - Check the construction material of the tank that provides the level of containment external to, and separate from, the primary containment. If type of tank material is not listed, check A other= and enter material.
446. TANK INTERIOR LINING OR COATING - If applicable, check the construction material of the interior lining or coating of the tank. If type of interior lining or coating is not listed, check A other= and enter type.
447. DATE TANK INTERIOR LINING INSTALLED - If applicable, enter the date the tank interior lining was installed. This is to assist the CUPA to develop an inspection schedule.
448. OTHER TANK CORROSION PROTECTION - If applicable, check the other tank corrosion protection method used. If other corrosion protection method is not listed, check A other= and enter method.
449. DATE TANK CORROSION PROTECTION INSTALLED - If applicable, enter the date the tank corrosion protection method was installed. This is to assist the CUPA to develop an inspection schedule.
50. YEAR SPILL AND OVERFILL INSTALLED - Check the appropriate box and enter the year in which spill containment, drop tube, and/or striker plate was installed. CHECK ALL THAT APPLY.
451. TYPE OF SPILL PROTECTION - Enter the type of spill containment, drop tube, and/or striker plate. FOR CUPA USE ONLY.
452. YEAR OVERFILL PROTECTION EQUIPMENT INSTALLED - Check the appropriate box and enter the year in which overfill protection was installed or whether there is an exemption from overfill protection. CHECK ALL THAT APPLY, unless tank is exempt.
453. TANK LEAK DETECTION (SINGLE WALL) - For single walled tanks, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ALL THAT APPLY. If leak detection system is not listed, check A other= and

- ~~454. TANK LEAK DETECTION (DOUBLE WALL) — For double-walled tanks or tanks with bladder, check the leak detection system(s) used to~~
~~_____ comply with the monitoring requirements for the tank. CHECK ONE ITEM ONLY.~~
- ~~455. ESTIMATED DATE LAST USED — For closure in place, enter the date the tank was last used.~~
- ~~456. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK — For closure in place, enter the estimated quantity of hazardous~~
~~_____ substance remaining in the tank (in gallons).~~
- ~~457. TANK FILLED WITH INERT MATERIAL — For closure in place, check whether or not the tank was filled with an inert material prior to~~
~~_____ closure.~~

~~ATTACHMENTS—~~

- ~~1. Provide a scaled plot plan with the location of the UST system, including buildings and landmarks.~~
- ~~2. Provide a description of the monitoring program.~~

UPCF (12/99 revised) UPCF UST-B - 1/2 (mm/vv revised)

Formerly SWRCB Form B

UNDERGROUND STORAGE TANKS—TANK PAGE 2

VI. PRODUCT/WASTE PIPING CONSTRUCTION (Check all that apply)

Page ___ of ___

UNDERGROUND PIPING				ABOVEGROUND PIPING					
SYSTEM TYPE	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION GRAVITY	<input type="checkbox"/> 3. GRAVITY	458	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	459	
CONSTRUCTION	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. LINED TRENCH	<input type="checkbox"/> 99. OTHER	460	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 95. UNKNOWN		462	
MANUFACTURER	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95. UNKNOWN			<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER			
MANUFACTURER _____				461	MANUFACTURER _____				463
<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL				<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL			
<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL	<input type="checkbox"/> Unknown			<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL			
<input type="checkbox"/> 3. PLASTIC COMPATIBLE w/ CONTENTS	<input type="checkbox"/> 99. Other				<input type="checkbox"/> 3. PLASTIC COMPATIBLE w/ CONTENTS	<input type="checkbox"/> 8. FLEXIBLE (HDPE)	<input type="checkbox"/> 99. OTHER		
<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE (HDPE)				<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 9. CATHODIC PROTECTION			
<input type="checkbox"/> 5. STEEL w/COATING	<input type="checkbox"/> 9. CATHODIC PROTECTION		464		<input type="checkbox"/> 5. STEEL w/COATING	<input type="checkbox"/> 95. UNKNOWN		465	
SYSTEM TYPE	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. GRAVITY	<input type="checkbox"/> 3. CONVENTIONAL SUCTION	<input type="checkbox"/> 4. SAFE SUCTION (23 CCR §2636(a)(3))				458	
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE	<input type="checkbox"/> 10. RIGID PLASTIC				464	
	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER (Specify): 464a						
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE	<input type="checkbox"/> 10. RIGID PLASTIC				464b	
	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER (Specify): 464c						
PIPING/TURBINE CONTAINMENT SUMP TYPE	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 90. NONE					464d	

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING		ABOVEGROUND PIPING	
SINGLE WALL PIPING		SINGLE WALL PIPING	
PRESSURIZED PIPING (Check all that apply):		PRESSURIZED PIPING (Check all that apply):	
<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.		<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.	
<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST		<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST	
<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)	
CONVENTIONAL SUCTION SYSTEMS		CONVENTIONAL SUCTION SYSTEMS (Check all that apply)	
<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM	
SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):		SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):	
<input type="checkbox"/> 7. SELF MONITORING		<input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)	
GRAVITY FLOW		SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):	
<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 7. SELF MONITORING	
		GRAVITY FLOW (Check all that apply):	
		<input type="checkbox"/> 8. DAILY VISUAL MONITORING	
		<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)	
SECONDARILY CONTAINED PIPING		SECONDARILY CONTAINED PIPING	
PRESSURIZED PIPING (Check all that apply):		PRESSURIZED PIPING (Check all that apply):	
10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)		10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)	
<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS		<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS	
<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION		<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION	
<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF		<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF	
<input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION		<input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR	
<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)	
SUCTION/GRAVITY SYSTEM		SUCTION/GRAVITY SYSTEM	
<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS	
EMERGENCY GENERATORS ONLY (Check all that apply)		EMERGENCY GENERATORS ONLY (Check all that apply)	
<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS	
<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITHOUT FLOW SHUT OFF OR RESTRICTION		<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)	
<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)	
<input type="checkbox"/> 17. DAILY VISUAL CHECK		<input type="checkbox"/> 17. DAILY VISUAL CHECK	

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK
DATE INSTALLED	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH LINER / MONITORING
	<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6. NONE

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify) 464e 464e1
VENT SECONDARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify) 464f 464f1
VR PRIMARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify) 464g 464g1
VR SECONDARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify) 464h 464h1
NT PIPING TRANSITION SUMP TYPE ☐ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 90. NONE 464i
RISER PRIMARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify) 464j 464j1
RISER SECONDARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify) 464k 464k1
FILL COMPONENTS INSTALLED ☐ 1. SPILL BUCKET ☐ 3. STRIKER PLATE/BOTTOM PROTECTOR ☐ 4. CONTAINMENT SUMP 451a-c.

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE ☐ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 20. NO DISPENSERS ☐ 90. NONE 469a
CONSTRUCTION MATERIAL ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 99. OTHER (Specify) 469b-c.

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION ☐ 2. SACRIFICIAL ANODE(S) ☐ 4. IMPRESSED CURRENT ☐ 6. ISOLATION 448

IX. OWNER/OPERATOR APPLICANT SIGNATURE

CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements. I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR/APPLICANT SIGNATURE DATE 470

NAME OF OWNER/OPERATOR (print) APPLICANT NAME (print) 471 APPLICANT TITLE OF OWNER/OPERATOR 472

Permit Number (For local use only) 473 Permit Approved (For local use only) 474 Permit Expiration Date (For local use only) 475

UST - Tank Page 2

Formerly SWRCB Form B

UST Operating Permit Application - Tank Information Instructions

(Formerly SWRCB Permit Application Form B and UPCF Form hwhfwr-b)

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

458. PIPING SYSTEM TYPE (UNDERGROUND) For items 458 and 459, check the tank=s piping system

459. PIPING SYSTEM TYPE (ABOVEGROUND) information. CHECK ALL THAT APPLY.

460. PIPING CONSTRUCTION (UNDERGROUND) Check the tank=s piping construction information. CHECK ALL THAT APPLY.

461. PIPING MANUFACTURER (UNDERGROUND) Enter the name of the piping manufacturer.

462. PIPING CONSTRUCTION (ABOVEGROUND) Check the tank=s piping construction information. CHECK ALL THAT APPLY.

463. PIPING MANUFACTURER (ABOVEGROUND) Enter the name of the piping manufacturer.

464. PIPING MATERIAL AND CORROSION PROTECTION (UNDERGROUND) For items 464 and 465, check the

465. PIPING MATERIAL AND CORROSION PROTECTION (ABOVEGROUND) tank=s piping material and corrosion protection.

466. PIPING LEAK DETECTION (UNDERGROUND) For items 466 and 467, check the leak detection system(s) used

467. PIPING LEAK DETECTION (ABOVEGROUND) to comply with the monitoring requirements for the piping.

468. DATE DISPENSER CONTAINMENT INSTALLED If applicable, enter the date that dispenser containment was installed.

469. DISPENSER CONTAINMENT TYPE Check the type of dispenser containment monitoring system.

SIGNATURE OF OWNER/OPERATOR The owner or agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.

470. DATE CERTIFIED Enter the date the page was signed

471. OWNER/ OPERATOR NAME — Print the name of signatory.

472. OWNER/ OPERATOR TITLE — Enter the title of the person signing the page.

473. PERMIT NUMBER — Leave this blank, this number is assigned by the CUPA.

474. PERMIT APPROVED BY — Leave this blank, this is the name of the person approving the permit.

475. PERMIT EXPIRATION DATE — Leave this blank, this is completed by the CUPA.

Complete a separate form for each UST for all new permits, permit changes, and any UST system information changes. This form must be submitted within 30 days of permit or UST system information changes, unless your local agency requires approval prior to making changes. For tanks that are part of a compartmentalized unit, each compartment is considered a separate tank and requires completion of a separate Tank Information form. For a UST closure or removal, complete only TYPE OF ACTION and Sections I, II, III, IV, and IX. (Note: Numbering of these instructions matches the data element numbers on the form.)

430. TYPE OF ACTION — Check the appropriate box to indicate why this form is being submitted.

430a. DATE UST PERMANENTLY CLOSED — For reporting closure only: enter the date the UST was removed or closed on site.

430b. DATE EXISTING UST DISCOVERED — Enter the date this UST was discovered. Leave blank if installation date is known.

1. FACILITY ID NUMBER — This space is for agency use only.

3. BUSINESS NAME — Enter the complete facility name.

103. BUSINESS SITE ADDRESS — Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.

104. CITY — Enter the city or unincorporated area in which the facility is located.

432. TANK ID # — Enter a unique number used to identify the tank. This number may be assigned by the UST owner/operator or the CUPA.

433. TANK MANUFACTURER — Enter the name of the company that manufactured the tank.

434. NUMBER OF TANK UNITS. Check the appropriate box to indicate if the tank is a stand-alone tank or one of two or more compartments in a tank system. A separate UST Operating Permit Application — Tank Information form must be submitted for each compartment.

435. DATE UST SYSTEM INSTALLED — Enter the date the local agency signed-off on installation of the UST system. This is the date of initial tank system installation, and does not include upgrades or retrofits which may have been performed later. If this is for a new installation, leave blank.

436. TANK CAPACITY IN GALLONS: Enter the tank capacity. For compartmentalized tanks, enter data for the compartment covered by this tank form only.

437. NUMBER OF TANK COMPARTMENTS: If the tank is a compartment, enter the total number of compartments in the UST.

439. TANK USE — Check the type of tank usage.

439a. If you checked "Other" specify the type of tank usage in the space provided.

440. TANK CONTENTS — Check the specific petroleum or non-petroleum substance stored.

440a. If you checked "Other Petroleum" specify the common name of the substance in the space provided [i.e., the name used in the facility's Hazardous Materials Business Plan (HMBP) inventory].

440b. If you checked "Other non-petroleum", specify the common name of substance in the space provided (i.e., the name used in the HMBP inventory).

43. TYPE OF TANK — Check the box that identifies the type of tank.

44. TANK PRIMARY CONTAINMENT — Check the construction material of the primary containment (i.e., inner tank wall nearest the hazardous substance stored). If the tank material is not listed, check "Other" and specify the material in the space provided.

444a. If you checked "Other" specify the type of primary containment in the space provided.

445. TANK SECONDARY CONTAINMENT — Check the construction material of the secondary containment that provides containment external to, and separate from, the primary containment described above. If the tank is a single-wall tank, check "None." If the material is not listed, check "Other" and specify the material in the space provided (e.g., HDPE).

445a. If you checked "Other" specify the type of secondary containment in the space provided.

452. OVERFILL PREVENTION — Check the box(es) to describe the type(s) of overfill protection equipment installed.

458. PIPING SYSTEM TYPE — Check the type of product/waste piping installed in this tank system. "Safe suction" refers to piping systems meeting all requirements of 23 CCR 82636(a)(3) (also known as "European Suction" systems) (i.e., sloped suction piping systems with no valves or pumps below grade and only one check valve, located below and as close as practical to the suction pump). Title 23, California Code of Regulations is available online at www.calregs.com.

464. PIPING PRIMARY CONTAINMENT — Check the material(s) used to construct the primary (i.e., inner) underground product/waste piping.

464a. If you checked "Other" specify the type of primary containment in the space provided.

464b. PIPING SECONDARY CONTAINMENT — Check the material(s) used to construct the secondary containment system(s) (i.e., secondary piping, trench) provided for the product/waste piping. For single-wall piping systems, check "None."

464c. If you checked "Other" specify the type of secondary containment in the space provided.

464d. PIPING/TURBINE CONTAINMENT SUMP TYPE — Indicate the type of piping/turbine containment sump(s). Check "None" if not present.

464e-e1 VENT PRIMARY CONTAINMENT — Check the material(s) used to construct the primary (i.e., inner) vent piping. (Note: Address venting of the tank primary containment only.) Specify Other type of containment in the space provided.

464f-f1 VENT SECONDARY CONTAINMENT — Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping) provided for the vent piping. For single-wall piping systems, check "None." (Note: Address venting of the tank primary containment only.) Specify Other type of containment in the space provided.

464g-g1 VR PRIMARY CONTAINMENT — Check the material(s) used to construct the primary (i.e., inner) vapor recovery piping. For tanks without vapor recovery piping (e.g., Diesel tanks), check "None." Specify Other type of containment in the space provided.

464h-h1 VR SECONDARY CONTAINMENT — Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping) provided for the vapor recovery piping. For single-wall piping systems, check "None." Specify Other type of containment in the space provided.

464i. VENT PIPING TRANSITION SUMP TYPE — Indicate type of transition sump(s). Check "None" if not present.

464j-j1 RISER PRIMARY CONTAINMENT — Check the material(s) used to construct the primary (i.e., inner) piping for all risers (not drop tubes) other than annular space risers (i.e., risers for filling or gauging of the primary tank). Specify Other type of containment in the space provided.

464k-k1 RISER SECONDARY CONTAINMENT — Check the material(s) used to construct secondary containment system(s) (i.e., secondary piping, sumps) provided for the riser piping. For risers without secondary containment, check "None." Specify Other type of containment in the space provided.

51a-c. FILL COMPONENTS INSTALLED — Check the appropriate boxes to show that spill containment, tank bottom protection, and fill containment sumps (if applicable) are installed.

469a. UDC CONSTRUCTION TYPE — Check the box to describe the type of dispenser containment system(s) (i.e., dispenser sumps or pans). If the system has no dispensers (e.g., standby generator tank system), check "No Dispensers." If the system has a dispenser, but no UDC, check "None."

469b. UDC CONSTRUCTION MATERIAL — Check the box to describe the materials used to construct the UDC.

469c. If you checked "Other" specify the construction material in the space provided.

448. STEEL COMPONENT PROTECTION — All systems contain some steel components. Check the appropriate box(es) to describe all corrosion protection methods used. "Isolation" means electrical isolation from soil, backfill, and groundwater. Examples include fiberglass cladding, non-metallic secondary containment systems which isolate steel components from the sub-surface environment, and insulating bushings.

APPLICANT SIGNATURE – The same person who signs the UST Operating Permit Application – Facility Form shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true and accurate, and that the UST system is compatible with the hazardous substance stored.

473. DATE – Enter the date the form was signed.

474. APPLICANT NAME – Print or type the name of the person signing the form.

475. APPLICANT TITLE – Enter the title of the person signing the form.

Chapter 6 – Unified Program Consolidated Forms

Underground Storage Tank: Certification of Installation/Modification

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK TANKS
**CERTIFICATION OF INSTALLATION / MODIFICATION UNDERGROUND
STORAGE TANKS—INSTALLATION**

CERTIFICATE OF COMPLIANCE

(One form per
project) (one page per
tank)

Page of

I. FACILITY INFORMATION IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA—Doing Business As)

3

ADDRESS (For local use only)

476

FACILITY
ID# (Agency Use
Only)

TANK ID #

477

BUSINESS NAME (Same as FACILITY NAME or DBA—Doing Business As)

3

BUSINESS SITE ADDRESS 103

CITY 104

II. INSTALLATION / MODIFICATION PROJECT DESCRIPTION

(Check all that apply)

☐ The installer has been trained and certified by the tank and piping manufacturers.

478

☐ The installation has been inspected and certified by a registered professional engineer having education and experience with underground storage tank installations.

479

☒ The installation has been inspected and approved by the Unified Program Agency.

480

☐ All work listed on the manufacturer's installation checklist has been completed.

481

☐ The installer has been certified or licensed by the Contractors' State License Board.

482

☐ The underground storage tank, any primary piping, and secondary containment was installed according to applicable voluntary consensus standards and written manufacturer's installation procedures.

483

TYPE OF PROJECT (Check all that apply) 483a

WORK AUTHORIZED UNDER PERMIT 483b

☐ 1. TANK INSTALLATION OR REPLACEMENT

(Number or Date):

☐ 2. PIPING INSTALLATION OR REPLACEMENT

☐ 3. SUMP INSTALLATION OR REPLACEMENT

☐ 4. UNDER DISPENSER CONTAINMENT INSTALLATION OR REPLACEMENT

☐ 5. OTHER

Description of work being certified: 483c

III. ~~TANK OWNER/AGENT SIGNATURE~~ CONTRACTOR INFORMATION

~~I certify that the information provided herein is true and accurate to the best of my knowledge.~~

~~NAME OF CONTRACTOR WHO PERFORMED INSTALLATION / MODIFICATION~~ 482a

~~CONTRACTOR LICENSE #~~ 482b

~~ICC CERTIFICATION #~~ 482c

IV. CERTIFICATION

I certify that the information provided herein is true, accurate, and that the following conditions have been satisfied:

- The installer has met the requirements set forth in 23 CCR §2715, subdivisions (g) and (h).
- The underground storage tank, any primary piping, and any secondary containment was installed according to applicable voluntary consensus standards and any manufacturer's written installation instructions.
- All work listed in the manufacturer's installation checklist has been completed.
- The installation has been inspected and approved by the local agency, or if required by the local agency, inspected and certified by a registered professional engineer having education and experience with underground storage tank system

SIGNATURE OF TANK OWNER OR OWNER'S AGENT

DATE

484

PHONE

487

~~NAME OF TANK OWNER/AGENT (print)~~ CERTIFIER'S NAME (print) 485

~~TITLE OF TANK OWNER/AGENT~~ CERTIFIER'S TITLE: 486

NAME OF CERTIFIER'S EMPLOYER (DBA): 488

CERTIFIER'S RELATIONSHIP TO TANK OWNER 489

- ☐ 1. TANK OWNER ☐ 2. TANK OPERATOR
☐ 3. CONTRACTOR ☐ 4. PROPERTY OWNER
☐ 5. OTHER AUTHORIZED AGENT OF TANK OWNER

UST Installation—Certificate of Compliance—UST Certification of Installation / Modification Form Instructions

Formerly SWRCB Form C

is Certification form must be submitted upon the completion of installation or upgrading of tanks and/or piping associated with a UST system. Installation or upgrading of multiple tank systems may be addressed on one form. The UST owner or an authorized representative of the owner must complete this form. (Note: Numbering of these instructions follows the UPCF data element numbers on the Certification form.)

~~Complete this certification upon installation of an UST and piping. One certification is required for each tank system. This page may be completed by either the UST owner or representative.~~

~~Refer to 23 CCR 2635 for UST installation and testing requirements.~~

~~(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)~~

~~Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.~~

~~1. FACILITY ID NUMBER - This space is for agency use only. Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.~~

~~3. BUSINESS NAME - Enter the full legal name of the business. complete Facility Name.~~

~~103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.~~

~~104. CITY – Enter the city or unincorporated area in which the facility is located.~~

~~476. ADDRESS – Enter the street address where the tank is located. This is to assist the tank inspector in locating the tank.~~

~~477. TANK ID NUMBER – Enter the tank ID number assigned by the owner. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA. This is the same as item 432 as found on the UST Tank Page 1.~~

~~478. TRAINED AND CERTIFIED BY TANK AND PIPING MANUFACTURER – Check if the tank installer provided evidence of being trained and certified by the tank and piping manufacturer.~~

~~479. REGISTERED ENGINEER INSPECTION – Check if the installation has been inspected and certified by a registered professional engineer, if necessary.~~

~~480. UNIFIED PROGRAM AGENCY APPROVAL – Check if the installation has been inspected and approved by the Unified Program agency.~~

~~481. COMPLETION OF MANUFACTURER'S CHECKLIST – Check if all work listed on the manufacturer's installation checklist was completed.~~

~~482. CONTRACTOR'S STATE LICENSE BOARD CERTIFICATION OR LICENSE – Check if the installer has provided proof of CSLB certification or licensing.~~

~~482a. NAME OF CONTRACTOR WHO PERFORMED INSTALLATION / MODIFICATION – Enter the DBA for the contractor who performed the work as registered with the Contractors State License Board (CSLB).~~

~~482b. CONTRACTOR LICENSE # – For the contractor named above, enter the license number assigned by the Contractors State License Board (license information is available online at www.cslb.ca.gov).~~

~~482c. ICC CERTIFICATION # – Enter the International Code Council (ICC) "UST Installation/Retrofitting" certification number possessed by the contractor.~~

~~483a. TYPE OF PROJECT – Check the appropriate box(es) to indicate the type of work performed. Address each system component individually (i.e., for installation of a complete motor vehicle fueling UST system, check boxes 1 through 4).~~

~~483b. WORK AUTHORIZED UNDER PERMIT (Number or Date) – Enter the number of the permit issued by the local agency, or if no permit number, the date the permit or project approval was issued for the work being certified.~~

483c. DESCRIPTION OF WORK BEING CERTIFIED.- In the space provided, briefly describe the work performed. Include the number and type of UST systems installed or upgraded and the scope of work (e.g., "Installation of piping sumps and under dispenser containment, and replacement of product and vapor recovery piping associated with one 12,000 gallon regular unleaded and one 8,000 gallon premium unleaded motor vehicle fuel tank.").

SIGNATURE OF TANK OWNER/OR OWNERS AGENT - The tank owner or an authorized agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.

484. DATE CERTIFIED - Enter the date that the page was signed.

485. ~~CERTIFIER'S NAME -TANK OWNER/AGENT NAME-~~ Enter the full printed name of the person signing the form page.

486. ~~TANK OWNER/AGENT~~ CERTIFIER'S TITLE - Enter the title of the person signing the form page.

487. PHONE - Enter the phone number of the person signing the certification. Include the area code and any extension number.

488. NAME OF CERTIFIER'S EMPLOYER - Enter the name (DBA) of the employer of the person signing the form. If the tank owner is an individual, and the owner signs the Certification, note "N/A" (Not Applicable) in this space.

489. CERTIFIER'S RELATIONSHIP TO TANK OWNER - Check the appropriate box to indicate the nature of the relationship between the person signing the form and the tank owner.

Chapter 6 – Unified Program Consolidated Forms

Underground Storage Tank: Monitoring Plan

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that your local agency may require you to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

1. TYPE OF ACTION – Check the appropriate box to indicate why this plan is being submitted.
2. PLAN TYPE – Check the appropriate box to indicate whether this plan covers all, or merely some, of the USTs at the facility. If the plan covers only some of the tanks, identify those tanks in the space provided (e.g., by using the Tank ID #(s) in item 432 of the UST Operating Permit Application – Tank Form(s)).
1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete Facility Name.
103. BUSINESS SITE ADDRESS – Enter the street address where the facility is located, including building number, if applicable. Post office box numbers are not acceptable. This information must provide a means to locate the facility geographically.
104. CITY – Enter the city or unincorporated area in which the facility is located.
- M03a. MONITORING EQUIPMENT IS SERVICED – Check the appropriate box to specify the frequency of monitoring equipment testing/certification.
- M03b. Specify Other frequency for monitoring equipment servicing.
- M04. SITE PLAN – Indicate if a site plan is submitted with this monitoring plan.
- M05. IV-1 CONTINUOUS ELECTRONIC MONITORING-Indicate if this monitoring method is being used to monitor the tanks.
If item M05 is checked
- M06. SECONDARY CONTAINMENT– Check the appropriate box to describe the environment inside the tank secondary containment.
- M07. PANEL MANUFACTURER – Enter the name of the manufacturer of the monitoring system control panel (console).
- M08. MODEL # – Enter the model number for the monitoring system control panel.
- M09. LEAK SENSOR MANUFACTURER – Enter the name of the manufacturer of the sensor(s). If additional space is needed, use Section X.
- M10. MODEL #(S) – Enter the model number for each type of sensor installed. If additional space is needed, use Section X.
- M11. IV-2 AUTOMATIC TANK GAUGING-Indicate if this method is used for monitoring the UST's.
- M12. PANEL MANUFACTURER – If item IV-2 is checked; enter the name of the manufacturer of the monitoring system control panel (console).
- M13. MODEL # – If item IV-2 is checked Enter the model number for the monitoring system control panel.
- M14. IN-TANK PROBE MANUFACTURER – If item IV-2 is checked; enter the name of the manufacturer of the probe(s).
- M15. MODEL #(S) – If item IV-2 is checked; enter the model number for each type of in-tank probe installed. If additional space is needed, use Section X.
- M16. LEAK TEST FREQUENCY – If item IV-2 is checked; check the appropriate box to describe the in-tank leak test frequency.
- M17. SPECIFY – If item M16-e is checked, enter the frequency of programmed leak tests.
- M18. PROGRAMMED TESTS – If item IV-2 is checked; check the appropriate box to describe the tests programmed into the ATG system.
- M19. SPECIFY – If item M18-c is checked, enter the frequency of in-tank leak testing.
- M20. IV-3 INVENTORY RECONCILIATION – Check the box if statistical inventory reconciliation is performed.
- M21. IV-4 WEEKLY MANUAL TANK GAUGING. Indicate if this method is used to monitor the tanks.
- M22. TESTING PERIOD – If item IV-4 is checked, check the appropriate box to describe the MTG testing period.
- M23. IV-5 TANK INTEGRITY TESTING: Indicate if this method is used to monitor the tanks
- M24. TEST FREQUENCY – If item IV-5 is checked, check the appropriate box to describe the frequency of tank integrity testing.
- M25. OTHER: If item IV-5c is checked, specify other test frequency.
- M26. IV-99 OTHER: Indicate if monitoring of the tanks occurs that is not indicated in any other category.
- M27. If item IV-99 is checked, enter a brief description of the other tank monitoring method(s) used (e.g., vadose zone monitoring per 23 CCR §2647, groundwater monitoring per 23 CCR §2648). Include the monitoring frequency (e.g., Continuous, Weekly). If additional space is needed, use Section X.
28. V-1 CONTINUOUS MONITORING OF PIPING SUMP AND OTHER SECONDARY CONTAINMENT: Indicated if this is the monitoring method used for the piping.
- M29. SECONDARY CONTAINMENT: If V-1 is checked: Check the appropriate box to describe the environment inside piping secondary containment.
- M30. PANEL MANUFACTURER – If V-1 is checked: enter the name of the manufacturer of the monitoring system control panel (console).
- M31. MODEL # – If V-1 is checked: enter the model number for the monitoring system control panel.
- M32. LEAK SENSOR MANUFACTURER – If V-1 is checked: enter the name of the manufacturer of the sensor(s).
- M33. MODEL #(S) – If V-1 is checked: enter the model number for each type of sensor installed. If additional space is needed, use Section X.
- M34. PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN – If V-1 is checked: check Yes or No.
- M35. FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN – If V-1 is checked: check Yes or No.
- M36. V-2 PIPE MECHANICAL LINE LEAK DETECTORS PERFORM 3 GPH LEAK TESTS: Indicate if this monitoring method is used to monitor the pipelines.
- M37. MLLD MANUFACTURER(S) – If V-2 is checked: enter the name(s) of the manufacturer(s) of the mechanical line leak detector(s). If additional space is needed, use Section X.
- M38. MODEL #(s) - If V-2 is checked: Enter the model number for each type of mechanical line leak detector installed. If additional space is needed, use Section X.
- M39. V-3 PIPE ELECTRONIC LINE LEAK DETECTORS: Indicate if this monitoring method is used to monitor the pipelines.
- M40. ELLD MANUFACTURER – If V-3 is checked: Enter the name of the manufacturer of the electronic line leak detector(s).
- M41. MODEL #(S) If V-3 is checked; enter the model number for each type of electronic line leak detector installed. If additional space is needed, use Section X.
- M42. PROGRAMMED LINE INTEGRITY TESTS –If V-3 is checked; check the appropriate box to describe the type of tests programmed into the monitoring system.
- M43. WILL ELLD DETECTION OF A PIPING LEAK ALARM TRIGGER PUMP SHUTDOWN? – If item V-1 is checked, check Yes or No.
- M44. WILL ELLD FAILURE/DISCONNECTION TRIGGER PUMP SHUTDOWN? – If item V-1 is checked, check Yes or No.
- M45. V-4 PIPE INTEGRITY TESTING: Indicate if this monitoring method is used to monitor the pipelines.
- M46. TEST FREQUENCY – If item V-4 is checked, check the appropriate box to describe the frequency of pipe integrity testing.
- M47. SPECIFY – If item V-4-c is checked, enter the frequency of pipe integrity testing.
- M48. V-5 VISUAL PIPE MONITORING : Indicate if this monitoring method is used to monitor the pipelines.
- M49. If item V-5 is checked, check the appropriate box to describe the frequency of visual monitoring.
- M50. SUCTION PIPING MEETS EXEMPTION CRITERIA. Indicate if this monitoring method is used to monitor the pipelines.
- M51. NO REGULATED PIPING IN THE TANK SYSTEM. Check this box if none of the piping in the tank system is regulated, or there is no piping.
- M52. V-99 OTHER : Indicate if another method is used for pipeline monitoring.
- M53. SPECIFY – ENTER a brief description of the other line monitoring method(s) used. If additional space is needed, See Section X. Be sure to clearly describe monitoring method(s) and frequency.

This monitoring plan must include a Site Plan showing the general tank and piping layouts and the locations where monitoring is performed (i.e., location of each sensor, line leak detector, monitoring system control panel, etc.). If you already have a diagram (e.g., current UST Monitoring Site Plan from a Monitoring System Certification form, Hazardous Materials Business Plan map, etc.) that shows all required information, include it with this plan.

UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION - MONITORING PLAN (Page 2)

VI. UNDER DISPENSER CONTAINMENT MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)

1. ELECTRONIC UDC MONITORING

PANEL MANUFACTURER: _____

M55

MODEL #: _____

M54

LEAK SENSOR MANUFACTURER: _____

M57

MODEL #(S): _____

M56

M58

☐ A LEAK WITHIN THE UDC CAUSES AUDIBLE AND VISUAL ALARMS ☐ a. YES ☐ b. NO

M59

☐ A UDC LEAK ALARM CAUSES AUTOMATIC PUMP SHUTDOWN ☐ a. YES ☐ b. NO

M60

☐ FAILURE / DISCONNECTION OF UDC MONITORING SYSTEM CAUSES AUTOMATIC PUMP SHUTDOWN. ☐ a. YES ☐ b. NO

M61

2. UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER

M62

☐ FLOAT AND CHAIN ASSEMBLY

☐ ELECTRONIC STAND ALONE

☐ OTHER: (Specify) _____

MANUFACTURER _____

M63

MODEL #(S): _____

M64

☐ 3. DOUBLE-WALLED UDC IS MONITORED BY: ☐ 1. LIQUID FILLED ☐ 2. PRESSURIZED ☐ 3. VACUUM ☐ 4. NA

M65a

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC CAUSES AUDIBLE AND VISUAL ALARMS ☐ a. YES ☐ b. NO

M65b

☐ 4. NO DISPENSERS M66 ☐ 99. OTHER (Specify): _____

M67 M68

VII. PERIODIC SYSTEM TESTING

☐ 1. ELD TESTING: I HAVE BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT I MUST PERFORM ENHANCED LEAK DETECTION (ELD) FOR THE UST(S) COVERED BY THIS PLAN. PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. (23 CCR §2644.1)

M69

☐ 2. SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS.

M70

☐ 3. SPILL BUCKETS ARE TESTED ANNUALLY.

M71

VIII. RECORDKEEPING

The following monitoring/maintenance records are kept for this facility:

☐ Alarm logs M72a ☐ Visual Inspection Records M72b ☐ Tank integrity testing results M72c

☐ SIR testing results (and supporting documentation records). M72d ☐ Tank gauging results (and supporting documentation records). M72e

☐ ATG Testing results (and supporting documentation records). M72f ☐ Corrosion Protection 60-day logs M72g

☐ Equipment maintenance and calibration records. M72h

IX. TRAINING

☐ Personnel with UST monitoring responsibilities are familiar with all of the FOLLOWING documents relevant to their job duties M73a

REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply)

☐ THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required) M73b

☐ OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required) M73c

☐ CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS M73d

☐ CALIFORNIA UNDERGROUND STORAGE TANK LAW M73e

☐ STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION" M73f

☐ SWRCB PUBLICATION: Automatic Tank Gauging" M73g

☐ OTHER (Specify): M73h M73i

☐ This facility has a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC). The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually within 30 days of hire. This training will include, but is not limited to, the following:

- Operation of the UST systems in a manner consistent with the facility's best management practices
- The facility employee's role with regard to the monitoring / leak detection equipment as specified in this UST Monitoring Plan
- The facility employee's role with regard to spills and overfills as specified in this UST Monitoring Plan
- Names and contact person(s) for emergencies and leak detection/monitoring alarms. M74

X. COMMENTS/ADDITIONAL INFORMATION

Attach comments and any additional information on specific monitoring procedures to this plan.

M75

XI. PERSONNEL RESPONSIBILITIES

The UST Owner/Operator is responsible for performing the daily/routine UST monitoring activities and maintaining UST leak detection equipment covered by this plan, and for investigation of all conditions that indicate a possible release, and proper maintenance of all monitoring records. The following person(s) are routinely on site, and are responsible for the day-to-day monitoring and equipment maintenance.

NAME _____ M76 TITLE _____ M77

NAME _____ M78 TITLE _____ M79

The Designated Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action.

XII. OWNER/OPERATOR SIGNATURE

CERTIFICATION: I certify that the information provided herein is true and accurate to the best of my knowledge.

OWNER/OPERATOR SIGNATURE ☐ 1. Owner ☐ 2. Operator _____

M80

DATE: _____

M81

OWNER/OPERATOR NAME (print): _____

M82

OWNER/OPERATOR TITLE: _____

M83

<i>(Agency Use Only)</i>	This plan has been reviewed and:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved With Conditions
Local Agency Signature:		Date:	
Comments or Special Conditions:			

UST Monitoring Plan – Page 2 Instructions

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that your local agency may require you to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

- M54. VI-1 CONTINUOUS MONITORING OF UNDER DISPENSER CONTAINMENT – Check to identify if this method is used to monitor the UDC.
- M55. PANEL MANUFACTURER – If item VI-1 is checked, enter the name of the manufacturer of the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.
- M56. MODEL # – If item VI-1 is checked, enter the model number for the monitoring system control panel. If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.
- M57. LEAK SENSOR MANUFACTURER – If item VI-1 is checked, enter the name of the manufacturer of the sensor(s).
- M58. MODEL #(S) – If item VI-1 is checked, enter the model number for each type of sensor installed. If additional space is needed, use Section X.
If VI-1 is checked, check the appropriate boxes to indicate how the UDC leak detection will react.
- M59. A LEAK INTO UDC TRIGGERS AUDIBLE AND VISUAL ALARMS. Indicate Yes or No
- M60. A UDC LEAK ALARM TRIGGERS PUMP SHUTDOWN? Indicate Yes or No
- M61. FAILURE/DISCONNECTION OF UDC MONITORING TRIGGERS AUTOMATIC PUMP SHUTDOWN? Indicate Yes or No
- M62. VI-2 UDC MONITORING: Check to identify if this method is used to monitor the UDC.
- M63. MANUFACTURER-- If item VI-2 is checked, enter the MANUFACTURER for each type of mechanical leak detection assembly installed.
- M64. MODEL #(S) – If item VI-2 is checked, enter the model number for each type of mechanical leak detection assembly installed. If additional space is needed, use Section X.
- M65a. UDC SECONDARY CONTAINMENT—Check the containment type if the UDC is DW. If not DW mark NA.
- M65b. If VI-3 is checked indicate if a LEAK WITHIN THE SECONDARY CONTAINMENT OF UDC CAUSES AUDIBLE AND VISUAL ALARMS. Yes or No.
- M66. NO DISPENSERS. Check to identify if there are no dispensers in the system.
- M67. VI-99 OTHER: Check to identify if ANOTHER method is used to monitor the UDC
- M68. SPECIFY – If item VI-99 is checked, enter a brief description of the other method(s) used to monitor the UDC. If additional space is needed, use Section IX.
- M69. VII-1 ELD TESTING Check the box if you have been notified by the State Water Resources Control Board (SWRCB) that the UST(s) covered by this plan is/are subject to Enhanced Leak Detection Requirements (i.e., UST has any single-wall component and is located within 1,000 feet of a public drinking water well).
- M70. TESTING OF SECONDARY CONTAINMENT COMPONENTS EVERY 36 MONTHS: Check the box if you have secondary containment that requires testing.
- M71. SPILL BUCKET TESTING: Check the box if you have spill buckets.
- M72a-h. VIII RECORDKEEPING: Indicate which monitoring and equipment maintenance records are maintained for this facility.
- M73a. IX TRAINING STATEMENT: Check the box to verify that the statement is true.
REFERENCE DOCUMENTS MAINTAINED AT FACILITY – Check the appropriate boxes to describe reference documents maintained at the facility. Note that items 1, 2, and 3 must be kept at the facility.
- M73b. IX-1 MONITORING PLAN: Indicate that this plan is kept as a reference document.
- M73c. IX-2 OPERATING MANUALS FOR ELECTRONIC EQUIPMENT: Indicate that this plan is kept as a reference document.
- M73d. IX-3 CA UST REGULATIONS: Indicate that this is kept as a reference document.
- M73e. IX-4 CA UST LAW: Indicate that is kept as a reference document.
- M73f. IX-5 STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION: Indicate that is kept as a reference document.
- M73g. VIII-6 SWRCB PUBLICATION: "WEEKLY MANUAL TANK GAUGING FOR SMALL UNDERGROUND STORAGE TANKS: Indicate that is kept as a reference document.
- M73h. VIII-99 OTHER: Indicate that other reference documents are kept.
- M73i. SPECIFY – If item VIII-99 is checked, enter a brief description of the other document(s) maintained at the facility. If additional space is needed, SEE Section IX.
- M74. DESIGNATED OPERATOR TRAINING: Check this box to verify that this statement is true.
- M75. COMMENTS/ADDITIONAL INFORMATION – You may attach additional pages of information to describe any additional UST system monitoring-related information (e.g., additional information required by your local agency). Attach any monitoring logs that you will be using for the monitoring of your tank system.
- M76. NAME – Enter the name of the person who routinely conducts the monitoring and equipment maintenance under this plan.
- M77. TITLE – Enter the title of the person.
- M78. NAME – Enter the name of the second person, if applicable, who routinely conducts the monitoring and equipment maintenance under this plan.
- M79. TITLE – Enter the title of the second person.
- OWNER/OPERATOR SIGNATURE – The owner/operator shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true, accurate, and complete, and that the training program specified in Section VIII has been implemented.
- M80. REPRESENTING – Check the appropriate box to indicate whether the signer is representing the UST owner or UST operator.
- M81. DATE – Enter the date the plan was signed.
- M82. OWNER/OPERATOR NAME – Print or type the name of the person signing the plan.
- M83. OWNER/OPERATOR TITLE – Enter the title of the person signing the plan.

Chapter 6 – Unified Program Consolidated Forms

On-site Tiered Permitting: Permit by Rule Page

Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes
Draft Text

California Environmental Protection Agency Reference Number: U-2007-01

UNIFIED PROGRAM CONSOLIDATED FORM

ONSITE TIERED PERMITTING

PERMIT BY RULE PAGE

WASTE AND TREATMENT PROCESS COMBINATIONS

(one page per treatment unit – check all that apply)

Unit ID#

606

Facility ID#

1

Page of 630

1. Aqueous waste containing hexavalent chromium may be treated by the following process:
☐ a. Reduction of hexavalent chromium to trivalent chromium with sodium bisulfite, sodium metabisulfite, sodium thiosulfate, ferrous sulfate, ferrous sulfide or sulfur dioxide provided both pH and addition of the reducing agent are automatically controlled.
2. Aqueous wastes containing metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:

<input type="checkbox"/> a. pH adjustment or neutralization	<input type="checkbox"/> g. Plating the metal onto an electrode.
<input type="checkbox"/> b. Precipitation or crystallization	<input type="checkbox"/> h. Electrodialysis.
<input type="checkbox"/> c. Phase separation by filtration, centrifugation, or gravity settling	<input type="checkbox"/> i. Electrowinning or electrolytic recovery.
<input type="checkbox"/> d. Ion exchange	<input type="checkbox"/> j. Chemical stabilization using silicates and/or cementitious types of reactions.
<input type="checkbox"/> e. Reverse osmosis	<input type="checkbox"/> k. Evaporation.
<input type="checkbox"/> f. Metallic replacement	<input type="checkbox"/> l. Adsorption.
3. Aqueous wastes with total organic carbon less than 10% as measured by EPA Method 9060 and less than 1% total volatile organic compounds as measured by EPA Method 8240 may be treated by the following technologies:
☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
☐ b. Adsorption.
☐ c. Distillation.
☐ d. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
☒ e. Photodegradation using ultraviolet light, with or without the addition of hydrogen peroxide or ozone, provided the treatment is conducted in an enclosed system.
☐ f. Air stripping or steam stripping.
4. Sludges, dusts, solid metal objects and metal workings which contain or are contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2) and/or fluoride salts may be treated by the following technologies:
☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Physical processes which change only the physical properties of the waste such as grinding, shredding, crushing, or compacting.
☐ c. Drying to remove water.
☐ d. Separation based on differences in physical properties such as size, magnetism or density.
5. Alum, gypsum, lime, sulfur or phosphate sludges may be treated by the following technologies:
☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water
☐ c. Phase separation by filtration, centrifugation or gravity settling.
6. Wastes identified in Title 22, CCR, Section 66261.120, that meet the criteria and requirements for special waste classification in Section 66261.122 may be treated by the following technologies:
☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
☐ b. Drying to remove water.
☐ c. Phase separation by filtration, centrifugation or gravity settling.
☐ d. Screening to separate components based on size.
☐ e. Separation based on differences in physical properties such as size, magnetism or density.
7. Wastes, except asbestos, which have been classified by the Department as special wastes pursuant to Title 22, CCR, Section 66261.124, may be treated by the following technologies:

<input type="checkbox"/> a. Chemical stabilization using silicates and/or cementitious types of reactions.	<input type="checkbox"/> c. Phase separation by filtration, centrifugation or gravity settling.
<input type="checkbox"/> b. Drying to remove water.	<input type="checkbox"/> d. Magnetic separation.
8. Inorganic acid or alkaline wastes may be treated by the following technology:
☐ a. pH adjustment or neutralization.
9. Soils contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2), (Persistent and Bioaccumulative Toxic Substances) may be treated by the following technologies:

<input type="checkbox"/> a. Chemical stabilization using silicates and/or cementitious types of reactions.	<input type="checkbox"/> c. Magnetic separation.
<input type="checkbox"/> b. Screening to separate components based on size.	

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Used oil, unrefined oil waste, mixed oil, oil mixed with water and oil/water separation sludges may be treated by the following technologies:

- ☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
 - ☐ b. Distillation.
 - ☐ c. Neutralization
 - ☐ d. Separation based on differences in physical properties such as size, magnetism or density.
 - ☐ e. Reverse osmosis.
 - ☐ f. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
11. Containers of 110 gallons or less capacity which are not constructed of wood, paper, cardboard, fabric or any other similar absorptive material, which have been emptied as specified in Title 40 of the Code of Federal Regulations, Section 261.7 or inner liners removed from empty containers that once held hazardous waste or hazardous material and which are not excluded from regulation may be treated by the following technologies provided the treated containers and rinseate are managed in compliance with applicable requirements.
- ☐ a. Rinsing with a suitable liquid capable of dissolving or removing the hazardous constituents which the container held.
 - ☐ b. Physical processes such as crushing, shredding, grinding or puncturing, that change only the physical properties of the container or inner liner, provided the container or inner liner is first rinsed and the rinseate is removed from the container or inner liner.
12. Multi-component resins may be treated by the following process:
- ☐ a. Mixing the resin components in accordance with the manufacturer's instructions.
13. A waste stream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under Permit by Rule.

Certified Technology Number

14. Aqueous wastes generated by rinsing products and fixtures holding products that were processed in cyanide containing solutions may be treated by the following technologies:

- ☐ Oxidation by addition of hypochlorite
- ☐ Oxidation by addition of peroxide or ozone, with or without the use of ultraviolet light
- ☐ Alkaline chlorination
- ☐ Electrochemical oxidation

15. Aqueous wastes generated by regeneration of demineralizer (ion exchange) columns that were used for recycling of wastewaters at facilities that have eliminated the discharge of wastewaters (other than sanitary discharges) may be treated by the following technologies:

- ☐ Oxidation by addition of hypochlorite
- ☐ Oxidation by addition of peroxide or ozone, with or without the use of ultraviolet light
- ☐ Alkaline chlorination
- ☐ Electrochemical oxidation

16. Rinseate from rinsing equipment used to transfer aqueous solutions containing cyanides such as containers, pumps, and hoses may be treated by the following technologies:

- ☐ Oxidation by addition of hypochlorite
- ☐ Oxidation by addition of peroxide or ozone, with or without the use of ultraviolet light
- ☐ Alkaline chlorination
- ☐ Electrochemical oxidation

17. Process solutions with recoverable amounts of metal may be treated by the following technology:

- ☐ Electrowinning to recover metals prior to further treatment, including destruction of incidental amounts of cyanide by electrochemical oxidation resulting from the electrowinning process

UPCF (4/99_mnv/07)

Formerly DTSC-1772D

Waste and Treatment Process Combinations

The Waste and Treatment Process Combinations pages list those waste and treatment combinations certified by DTSC pursuant to HSC §25200.1.5 for authorization under CE, CA, and PBR tiers. Each page is specific to a tier, with each tier specific page listing the wastes and treatment processes eligible under that tier. Note that some of the categories have volume or concentration restrictions that must be met in order to qualify for that tier. Additionally, some of the wastes refer to 22 CCR and others to the Health and Safety Code.

Complete one Waste and Treatment Process Combinations page for each unit, except CE-CL units.

Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes
Draft Text

California Environmental Protection Agency Reference Number: U-2007-01

Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, ~~the Business Section of the Unified Program Data Dictionary~~ division 3, subdivision 1, chapters 1-5.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

606. UNIT ID NUMBER - Enter the unit ID number (same as item 606 from the Onsite Hazardous

Waste Treatment Notification - Unit page).

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.

627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT 628. WASTE AND TREATMENT PROCESS COMBINATIONS - CESW 629. WASTE AND TREATMENT PROCESS COMBINATIONS - CA 630. WASTE AND TREATMENT PROCESS COMBINATIONS - PBR 631. WASTE AND TREATMENT PROCESS COMBINATIONS - CEL	Use the correct page for the unit. Check the waste and treatment process(es) that pertain to the unit. If the process is a technology certified by DTSC, please enter the Certified Technology Number (Cert. #). Certified technologies appropriate for authorization, and the eligible tiers, are listed below.
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Note that reactive and extremely hazardous wastes are not allowed to be treated under any of the onsite treatment tiers, except for certain wastes under Conditionally Exempt - Specified Wastestreams.

CERTIFIED TECHNOLOGIES

DTSC is authorized to certify hazardous waste technologies. Appropriate certified technologies may be eligible for CE, CA or PBR onsite treatment tiers. As of April 1, 1999, there is one certified technology for these tiers. The certification is for aldehyde treatment processes and is eligible for the CESW tier. The approved technology is:

Unified Program Consolidated Forms (UPCF) and Supporting Data Dictionary Changes
Draft Text

California Environmental Protection Agency Reference Number: U-2007-01

Neutralex SCIGEN
Cert. #. 97-01-0024 333 East Gardena Blvd.
Gardena, CA 90248
Effective Date: June 29, 1997 (expires June 29, 2000)
Description: Batch treatment for 10 percent Formalin generated by medical,
educational, and laboratory facilities. Chemically treats in a
provided 8 liter vessel. After testing,
allows for disposal to sanitary sewer.
Tier: Authorized for the CESW tier.

A copy of published Certification Statements and additional updates may be obtained by
contacting DTSC at (916) 322-3670 or from the Cal/EPA on-line Bulletin Board via modem at
(916) 322-5041.

UPCF (~~1/99~~ mm/07)

~~Formerly DTSC 1772D~~